

From: Stannard, Paula (HHS/IOS)
Sent: 26 Aug 2017 01:21:09 +0000
To: Stannard, Paula (HHS/IOS)
Subject: 068t0000000r5LyAAI ps edits.docx
Attachments: 068t0000000r5LyAAI ps edits.docx

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From: Tignor, Beth (HHS/IOS) on behalf of Secretary Scheduler (OS/IOS)
Sent: 6 Feb 2018 20:30:07 +0000
To: AMA2! (OS/IOS);Harrison, Brian (HHS/IOS);Martinez, Cecilia (OS/IOS);Olson, Carolyn (OS/IOS);Skrzycki, Kristin (HHS/IOS);Tignor, Beth (HHS/IOS);Twomey, John K. (HHS/ASL);Urbanowicz, Peter (HHS/IOS);Kadlec, Robert (OS/ASPR/IO);Schuchat, Anne MD (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Smith, Christopher (HHS/ASPA);Gottlieb, Scott (FDA);EDH (OS/IOS);Adams, Jerome (HHS/OASH);Grigsby, Garrett (HHS/OS/OGA);Brennan, Patrick (OS/ASPA);Caliguri, Laura (HHS/IOS)
Cc: Wolfe, Mitchell (CDC/OD/CDCW0);Berger, Sherri (CDC/OCOO/OD);Tabak, Lawrence (NIH/OD) [E];Meekins, Chris (OS/ASPR/IO);Pelekoudas, Kristina (HHS/IOS);Horska, Katerina (HHS/IOS);Pennington, Caitlin (FDA/OC);Peacock, Jessica (HHS/OS/OGA);Callahan, Kenneth (HHS/IOS);Brady, Will (HHS/IOS);Moreno, Rafael (HHS/ASA);Keckler, Charles (HHS/IOS)
Subject: AMA at Flu Briefing, CDC, NAID, NIH, ASPR
Attachments: Influenza Briefing_Slides.pptx, ASPR Secretary Briefing Memo- Influenza Situation Reportcm.docx, Secretary Cover Memo Template_Influenza Briefing msl.docx

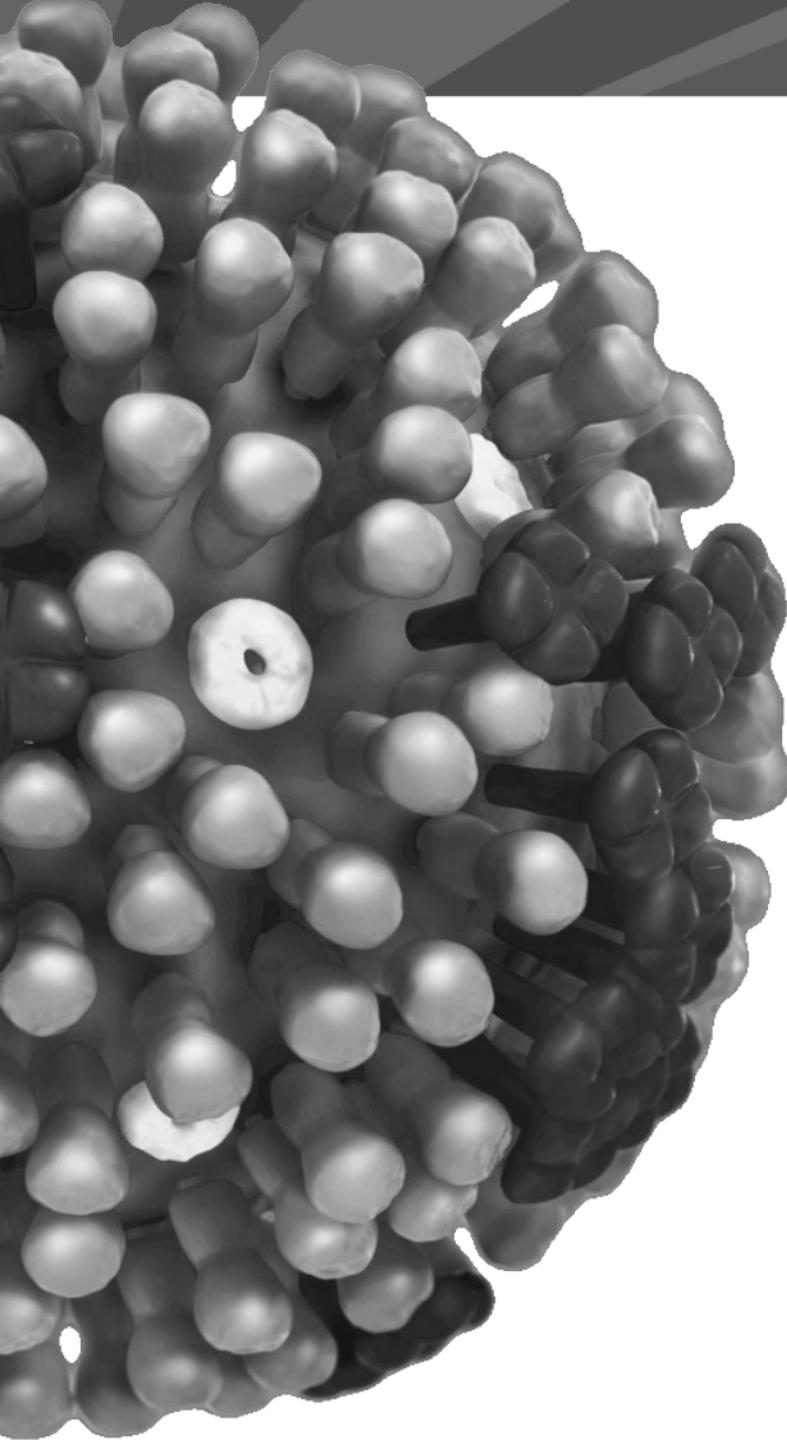


Hi all,

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Please let me know if you have any questions or need anything else from me to help make all of this happen. Thank you all in advance for your flexibility and quick help.

Best,
Mary-Sumpter

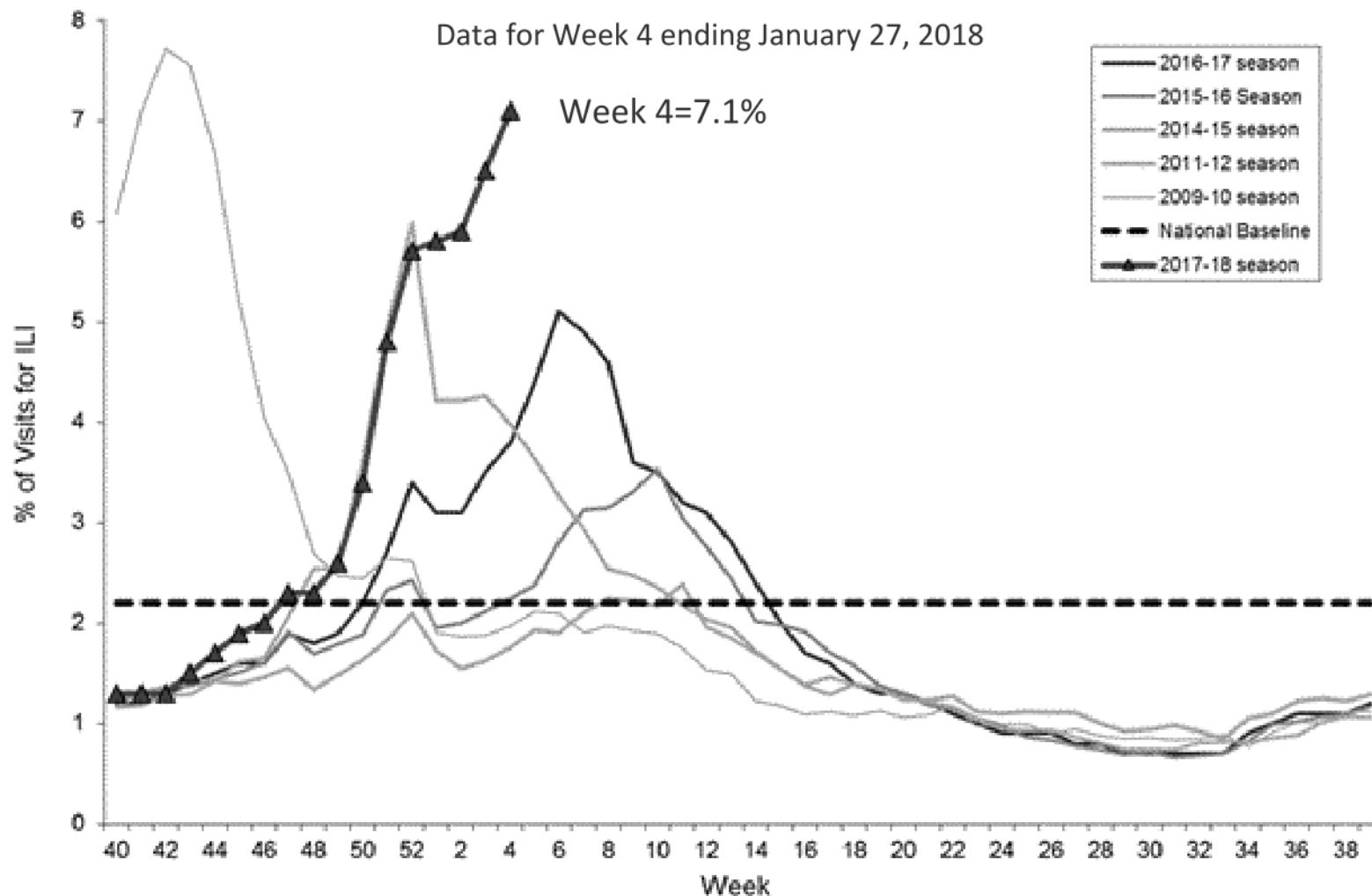


Influenza Update

Anne Schuchat, MD (RADM,
USPHS)
Acting Director, CDC

February 7, 2018

Percentage of Visits for Influenza-like Illness (ILI) Reported by
the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2017-2018 and Selected Previous Seasons

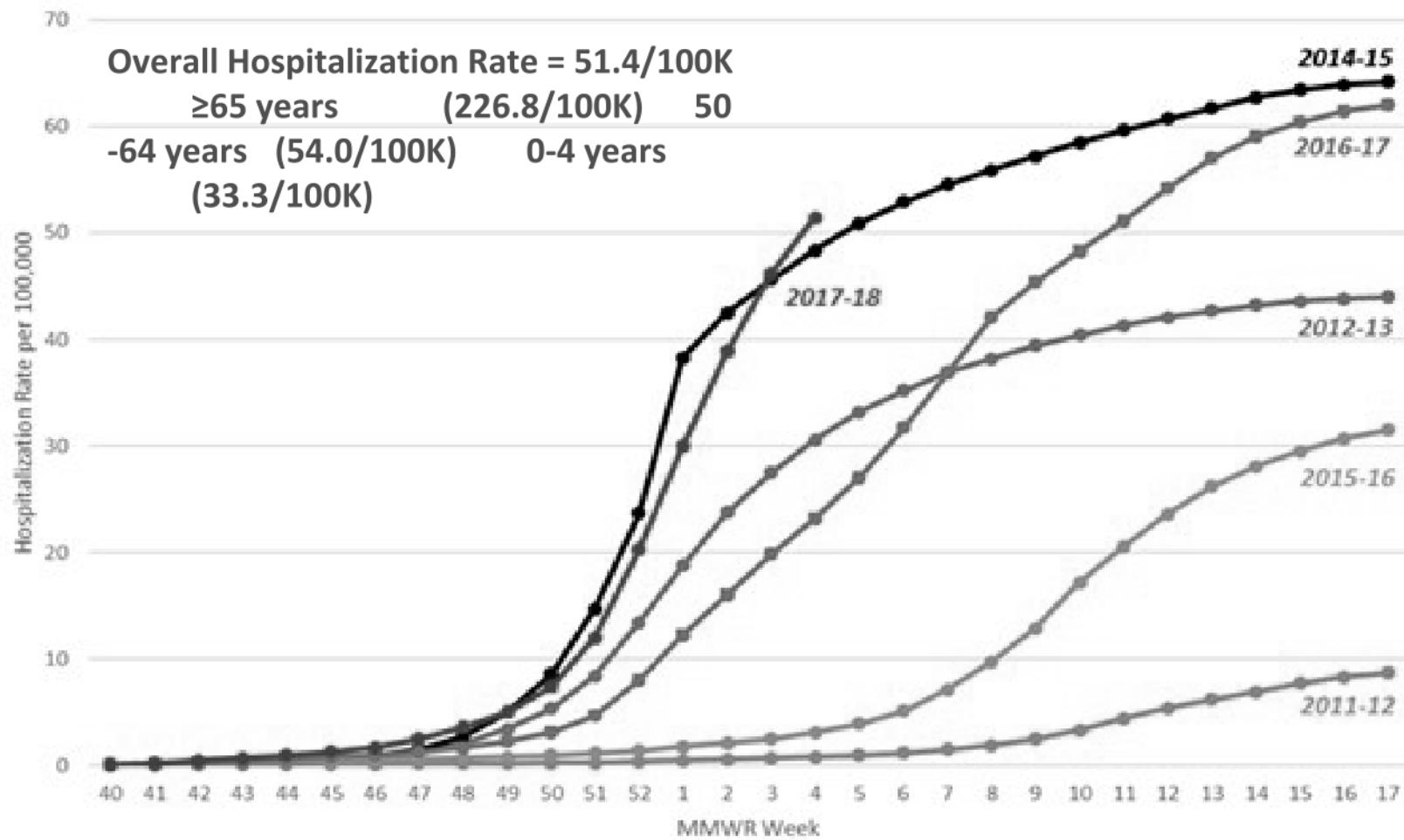


Influenza-like illness activity in ambulatory care settings rose again in Week 4

Overall, influenza-like illness (ILI) activity is higher in more states for week 4, ending January 27, 2018. 42 states, New York City and the District of Columbia experiencing high ILI activity 49 states and Puerto Rico are reporting widespread geographic activity

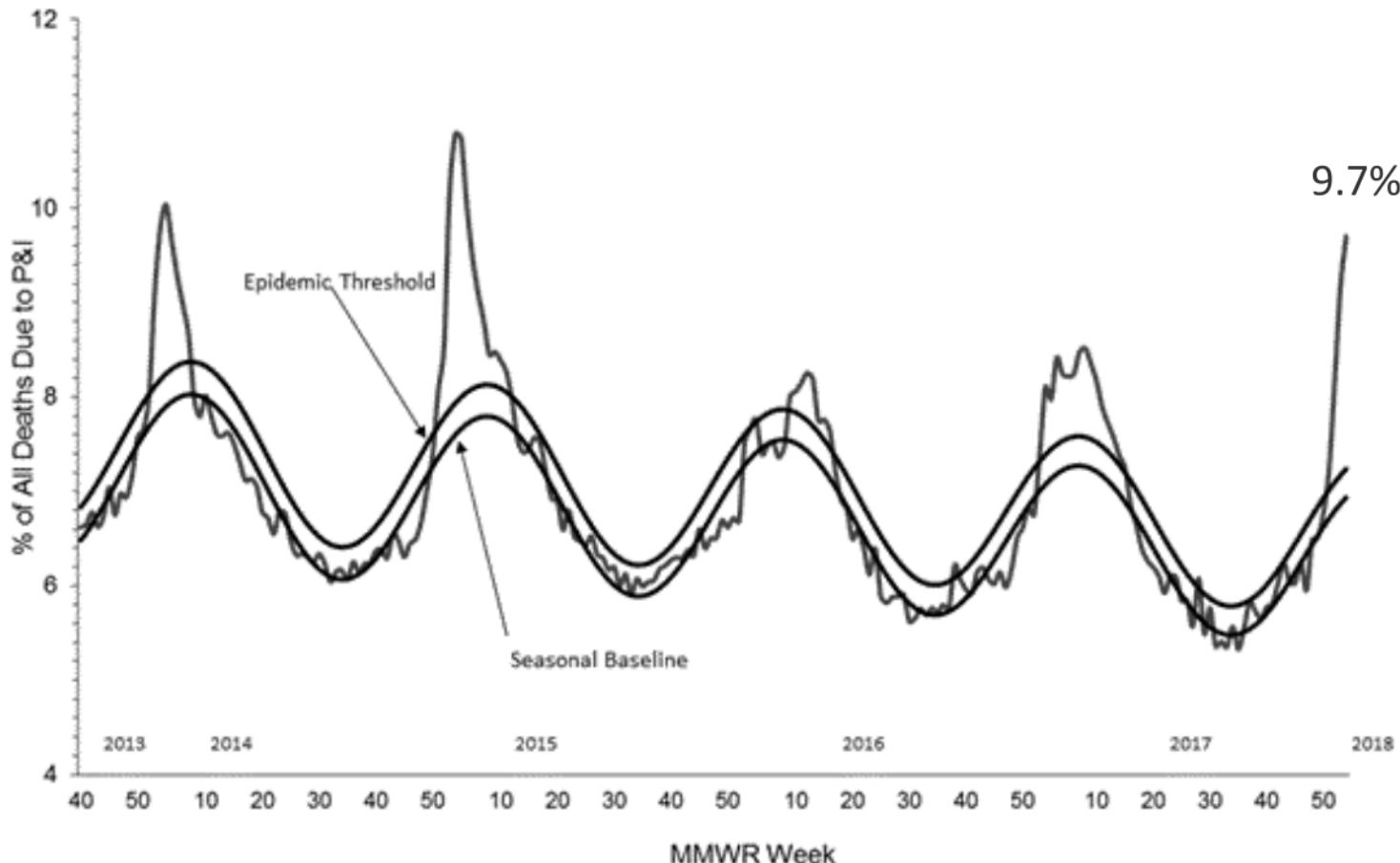


Cumulative Number of Laboratory-Confirmed Influenza Hospitalizations, 2011-2017 Seasons



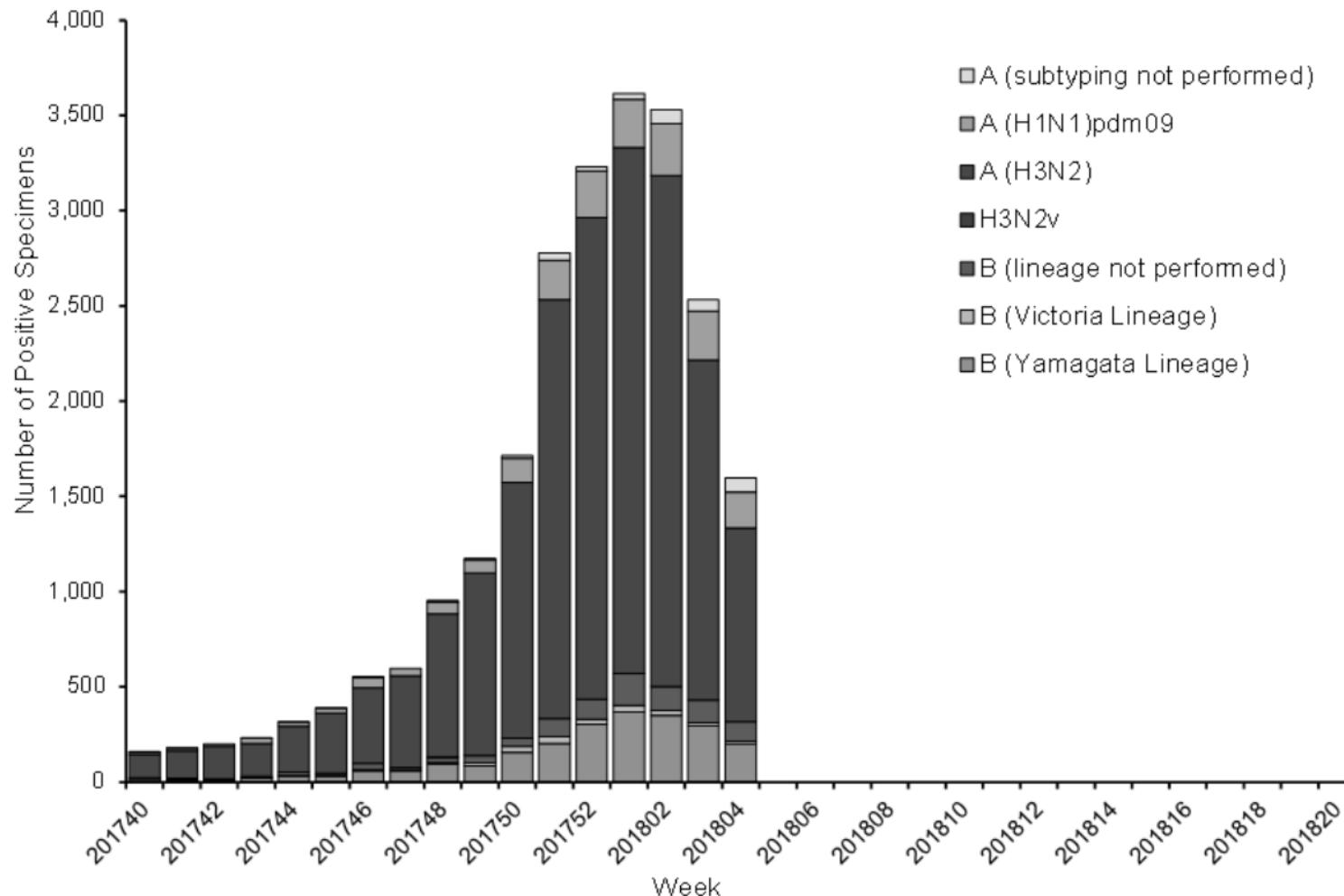
The cumulative hospitalization rate (all ages) has surpassed the 2014-15 season; a "high" severity season with an estimated 710,000 hospitalizations.

Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System
Data through the week ending January 13, 2018, as of February 1, 2018



Death certificate monitoring shows rapid increase in pneumonia and influenza deaths, looking like past H3N2 season in 2014-15.

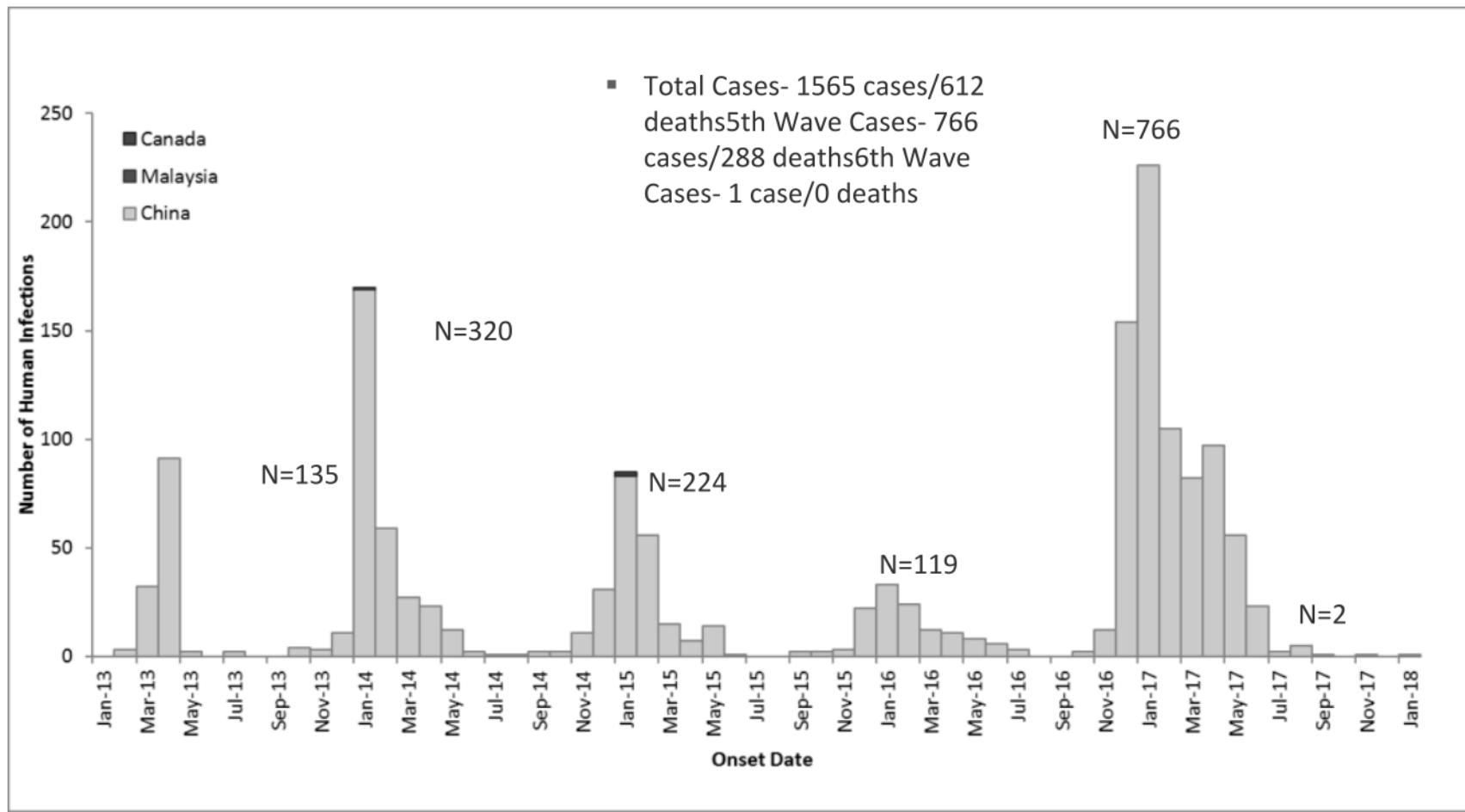
Reported to CDC from tests conducted in US Public Health Laboratories, 2017-18



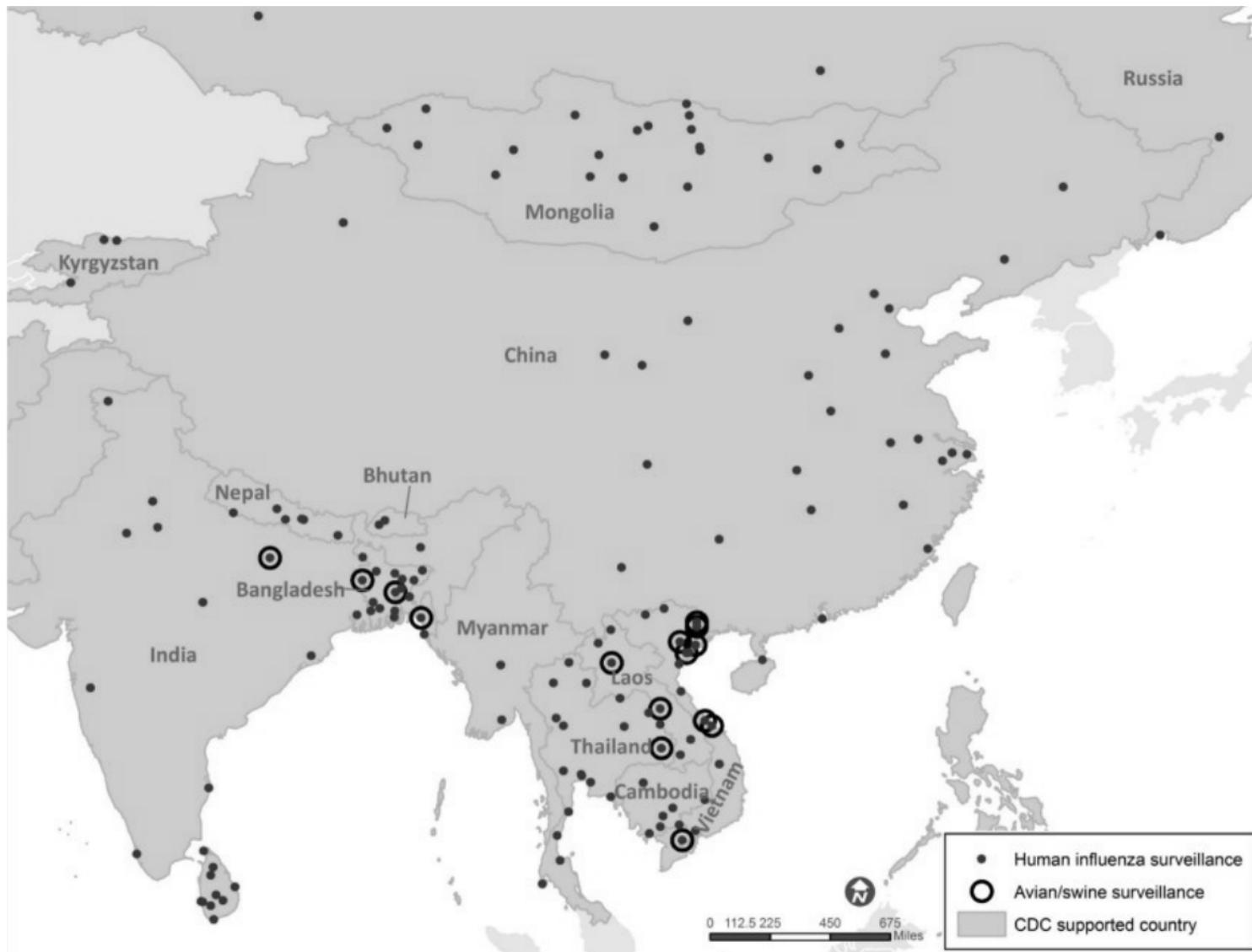
- Influenza A(H3N2) viruses are predominating; usually associated with more severe illness. Influenza-like illness (ILI) is now higher than ILI during 2014-2015 season ILI is higher than it was at the peak of 2014-2015 (7.1% versus 6%). This is the highest ILI percentage recorded during a regular flu season since 2003-2004 which peaked at 7.6%. The cumulative hospitalization rate is now higher than what was reported during the same week in 2014-2015 (H3N2 predominant season) categorized as “high severity”. Pneumonia and influenza deaths are above the epidemic threshold but below what was observed during 2014-2015; however, the number of deaths is expected to rise again this week. An estimated 56,000 people died during 2014-2015. Vaccine Effectiveness against H3N2 viruses during seasons when no antigenic drift has occurred may, in part, be lower due to egg-adapted changes.

Worsening 5th Wave of Human Infection H7N9 in China Influenza

CDC



Epidemic Curve of Confirmed Avian Influenza A(H7N9) Virus Infections of Humans Reported by WHO or in Chinese Provincial or Hong Kong CHP Press Releases, 18 Feb 2013 – 19 Jan 2018
(N=1,566)*



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The Role of the National Institute of Allergy and Infectious Diseases in Research Addressing Seasonal and Pandemic Influenza

Anthony S. Fauci, M.D.

Director

**National Institute of Allergy and
Infectious Diseases**

National Institutes of Health

February 7, 2018



**National Institute of
Allergy and
Infectious Diseases**

- Current seasonal influenza vaccines are not consistently effective
- Pandemics do occur and response after the fact is not effective
- “Chasing after” potential pandemic outbreaks (pre-pandemic viruses) is costly and ineffective

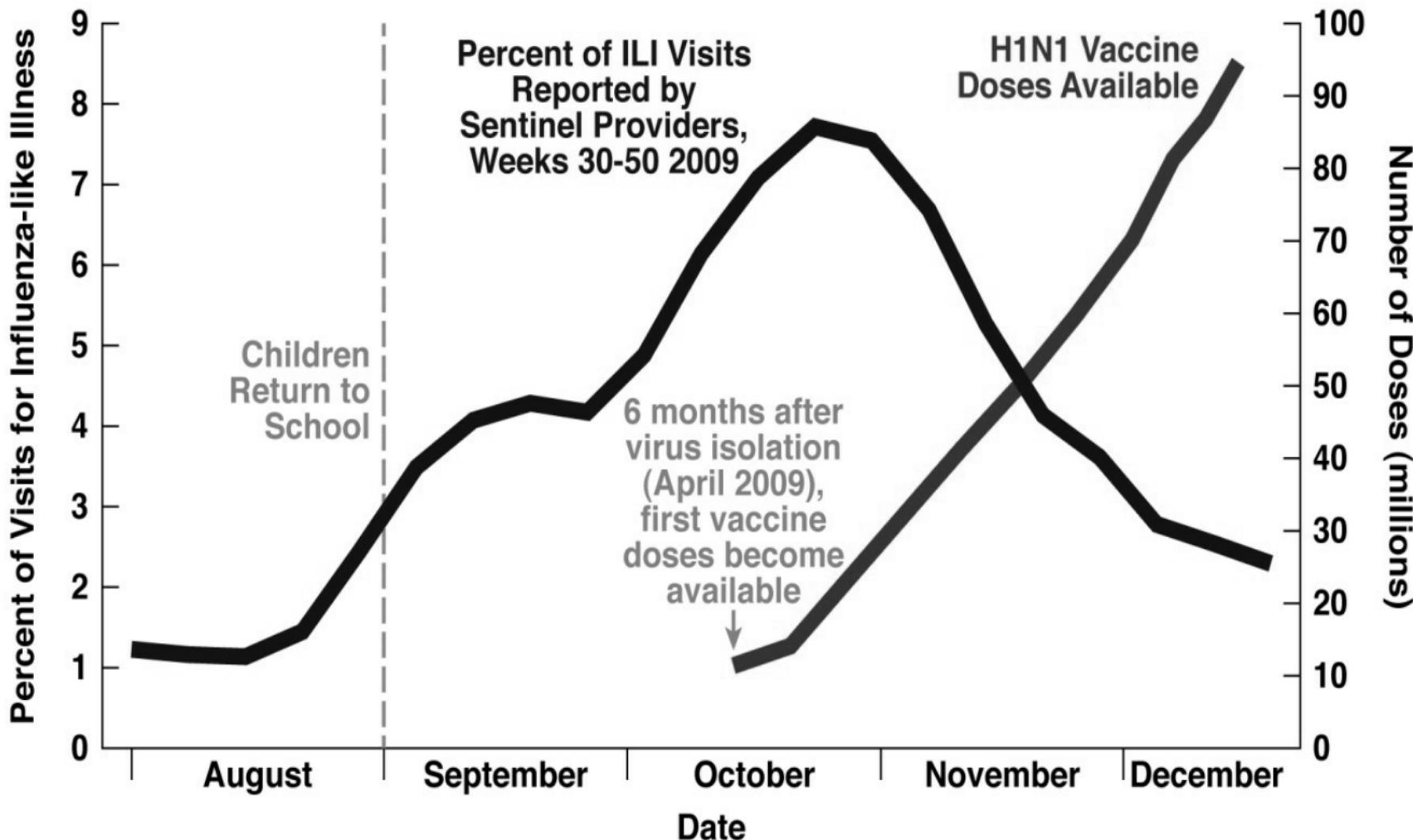
- Current seasonal influenza vaccines are not consistently effective
- Pandemics do occur and response after the fact is not effective
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Adjusted Vaccine Effectiveness Estimates for Influenza Seasons from 2005-2017



- Current seasonal influenza vaccines are not consistently effective
- Pandemics do occur and response after the fact is not effective
- “Chasing after” potential pandemic outbreaks (pre-pandemic viruses) is costly and ineffective

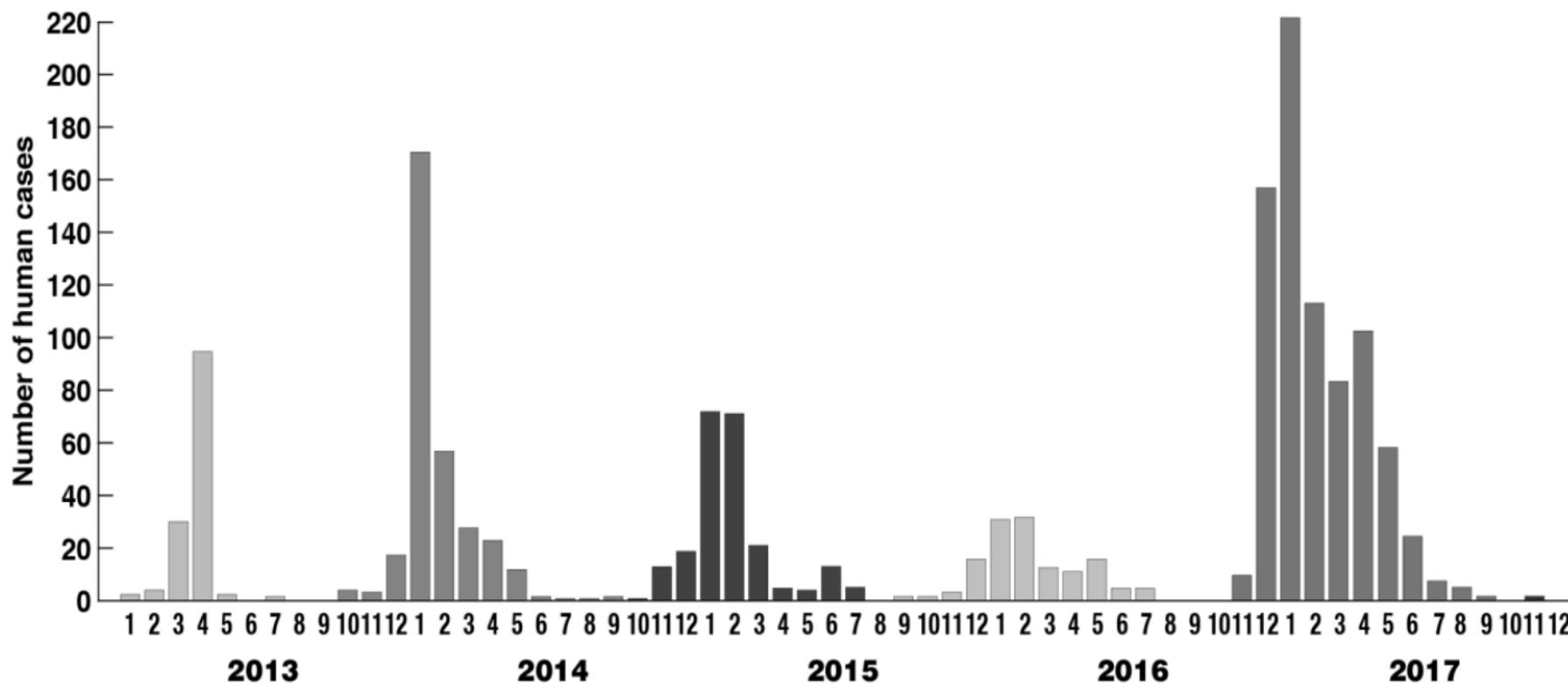
Vaccine Lags Behind 2009 H1N1 Influenza Pandemic



- Current seasonal influenza vaccines are not consistently effective
- Pandemics do occur and response after the fact is not effective
- “Chasing after” potential pandemic outbreaks (pre-pandemic viruses) is costly and ineffective

Waves of Human H7N9 Influenza Infections in China, February 2013-present

- 1,624 confirmed human cases, 621 deaths
- 5th wave: >50% of cumulative cases



Major Challenges in Influenza Vaccinology

- Production of vaccines – Egg-based versus Cell-based versus Recombinant DNA Technology
- Strain-Specificity versus Universal Strain Coverage

Major Challenges in Influenza Vaccinology

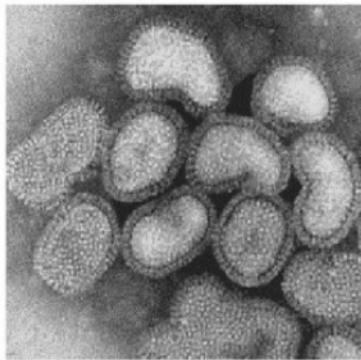
- Production of vaccines – Egg-based versus Cell-based versus Recombinant DNA Technology
- Strain-Specificity versus Universal Strain Coverage

Seasonal Influenza Vaccine Development

February/March

April - July

August - September



Virus Selection
(WHO, FDA)



**Production
Testing
Filling/Packaging**

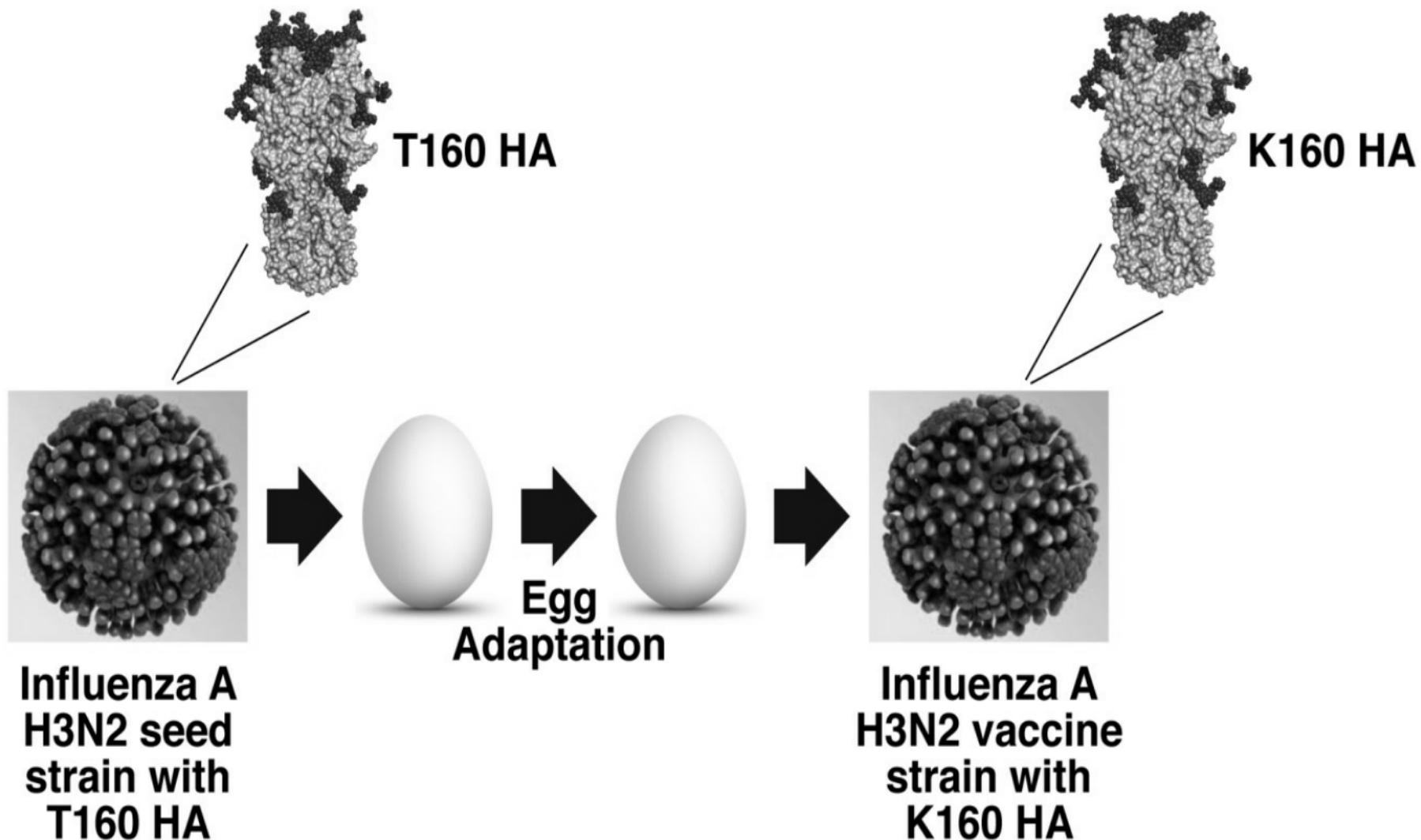


**Product
Release/
Shipping**

**Vaccination
Begins**
– Immunity
develops
approximately
2 weeks after
vaccination

6-7 months

Egg Adaptation of Influenza A H3N2 May Contribute to Decreased Vaccine Effectiveness



Evolution of Technologies for Influenza Vaccines





The
**New England
Journal of Medicine**

Established in 1812 as THE NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY

Volume 378

January 4, 2018

Number 1

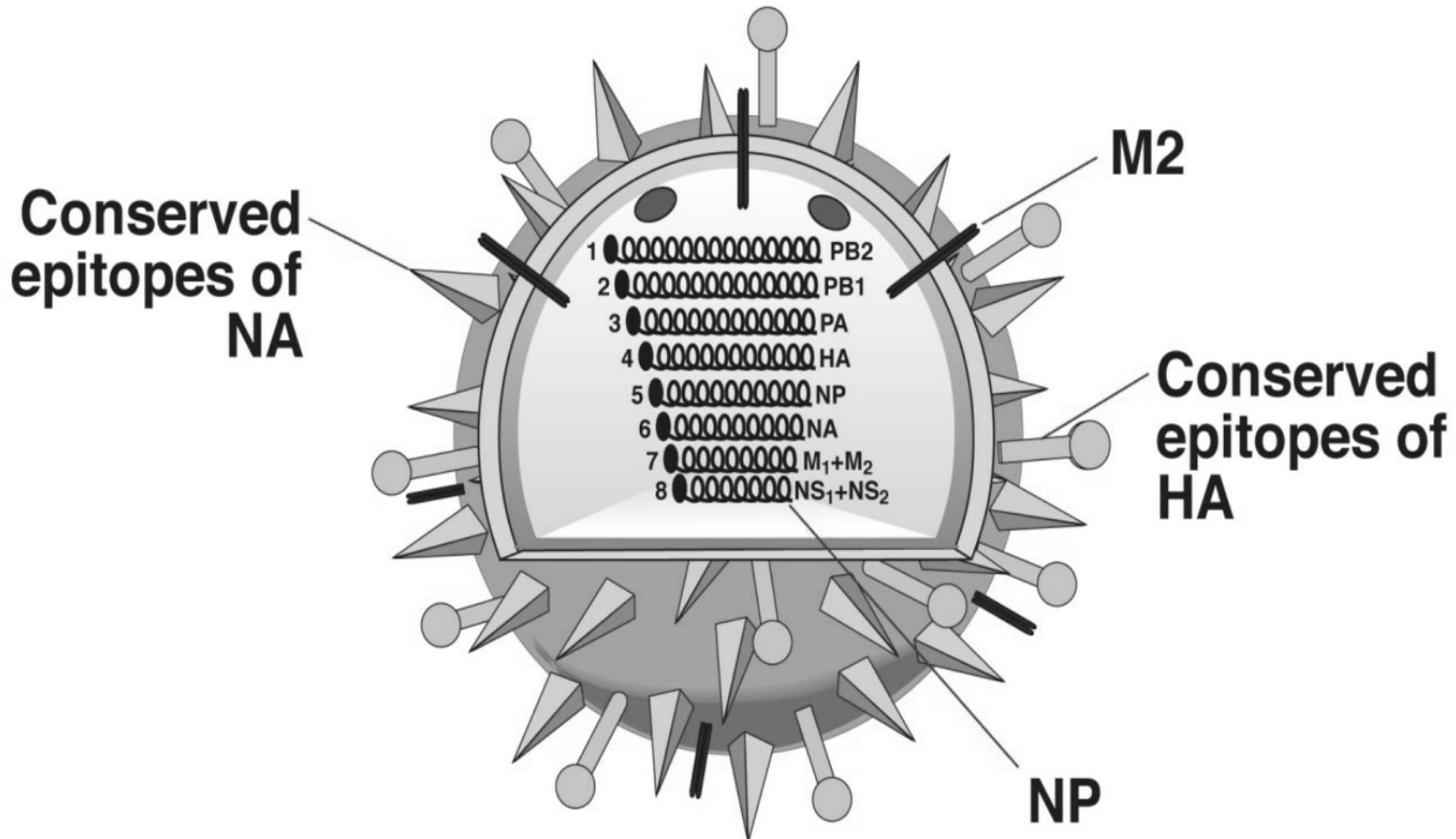
Chasing Seasonal Influenza – The Need for a Universal Influenza Vaccine

CI Paules, SG Sullivan, K Subbarao, and AS Fauci

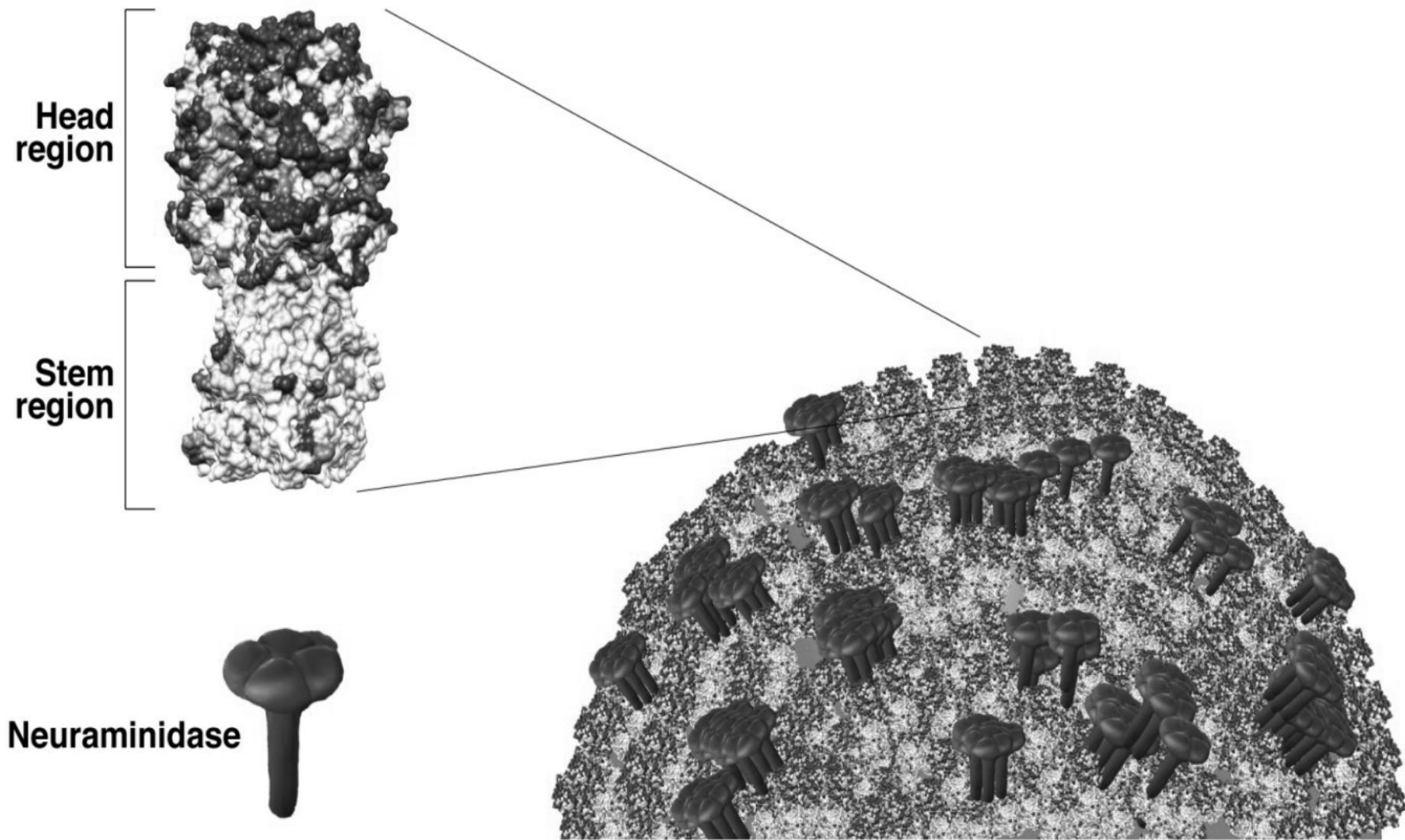
Major Challenges in Influenza Vaccinology

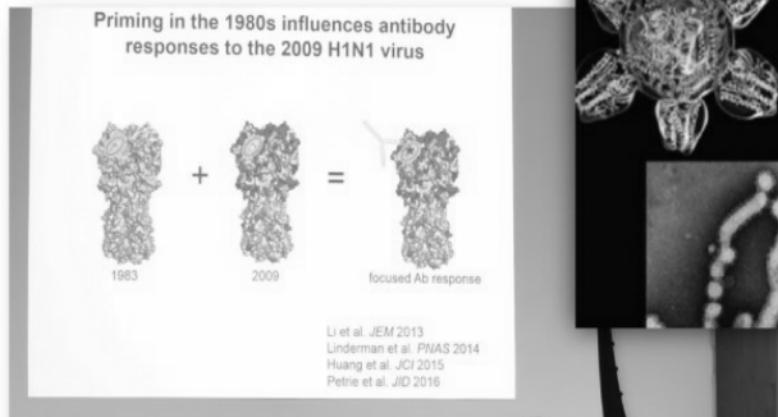
- Production of vaccines – Egg-based versus Cell-based versus Recombinant DNA Technology
- Strain-Specificity versus Universal Strain Coverage

Selected Targets for “Universal” Influenza Vaccines



Influenza A Hemagglutinin (HA)





June 28-29, 2017

5601 Fishers Lane Conference Center
Rockville, MD, USA



Immunity

October 17, 2017
Volume 47, Issue 4

The Pathway to a Universal Influenza Vaccine

CI Paules, HD Marston, RW Eisinger, D Baltimore, AS Fauci



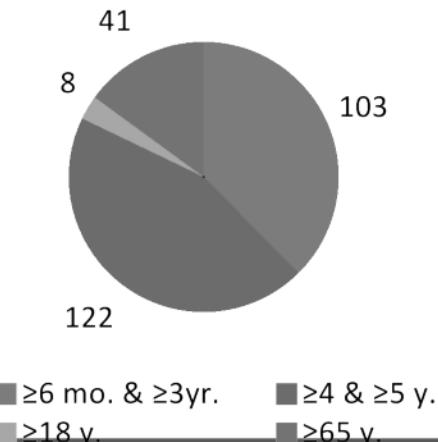
Assistant Secretary for Preparedness and Response Seasonal Influenza and H7N9 Updates



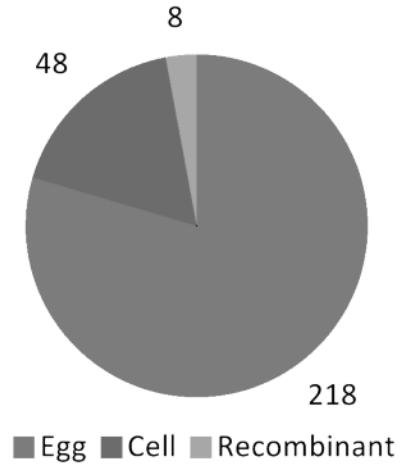


2017 – 18 Influenza Season Vaccine Supply: US

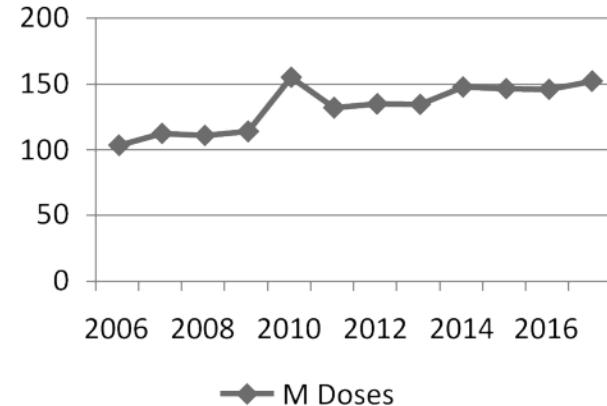
By Age Indication
(Released Lots§)



By Manufacturing Platform
(Released Lots§)



Doses Distributed Each Season*



§ Product lots released by FDA* Current season estimate: 152.1 M doses shipped to distributors as of 1/19/2018

- Estimates of vaccine effectiveness (VE) in Canada published in Eurosurveillance on 2/1/18 VE against H3N2 viruses was 17% in all ages and 10% in adults 20–64

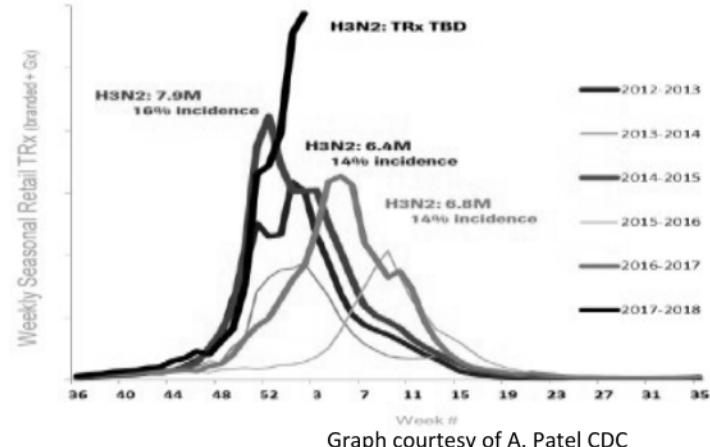




Influenza Antiviral Drugs

- 2017-18 season continues to trend upward
2014: ~8.5 (per discussion with CDC)
11.04 million total treatment
Commercial inventory as of 2/2/2018 Week 3 of 2017

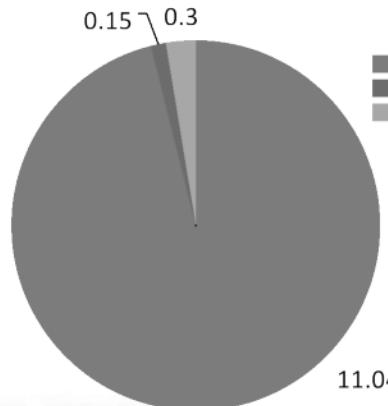
Tamiflu Seasonal TRx History ¹



Oseltamivir

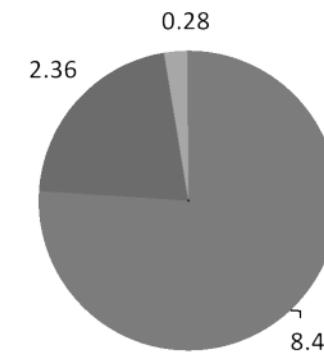
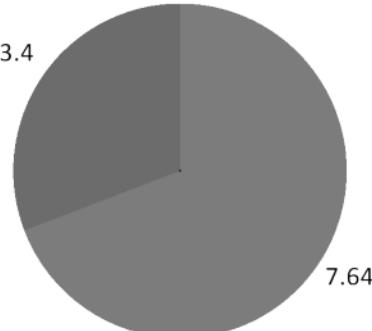
Total US Inventory (millions) (02/2/18) Antivirals

Formulation



Oseltamivir Manufacturers

■ Adult
■ Pediat



■ Genentech
■ Alvogen
■ Zydus
■ Amneal





2017-18 Influenza Diagnostics Supply

02-02-
2018

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NOTE: Per CDC guidelines, testing is not required for antiviral treatment



Sources: Media reports; FDA, CDC and BARDA calls with manufacturers.

For Official Use Only (FOUO)





Approaches to Improve Influenza Vaccine

1. Egg based Vaccines: 86% of the QIV influenza vaccine supply is produced by growing each of the 4 viruses in eggs. When a new strain of H3N2 virus is used in the vaccine, it must be first "adapted" to growth in eggs to improve the yield of vaccine. This adaption induces antibodies that do not recognize the original virus circulating in the human population. Solutions: Remove eggs from the manufacturing process Synthetic (non egg based) seeds Expand domestic capacity of non-egg based manufacturing approaches Recombinant Cell based Assess improved efficacy of non-egg based manufacturing approaches Assess benefit of adjuvants on vaccine efficacy



H7N9 5th Wave Vaccine

- Since 2013: 1,564 cases (~35% mortality reported) 5th wave: 766 cases (288 deaths)<5% of cases caused by Pearl River Delta 2013 lineage
>95% of cases caused by new Yangtze River Delta lineageYangtze River Delta Lineage acquired new virulence markersHigh pathogenicity in poultry (lethal in chickens)Antigenically drifted relative to 2013 vaccine strainStockpiled 2013 H7N9 vaccine is suboptimal/ineffectiveWHO recommended use of new strain for vaccine productionCDC IRAT scores highest since 2013Higher risk for pandemicGreater impact on public healthDecision to stockpile 5th wave H7N9 vaccine



Estimated Gap for Vaccine Preparedness Goal

- Vaccine Preparedness Goal: Target goal is 52M doses (two-dose vaccination regimen) based on CDC revised estimates of 26M Tier 1 individuals Gap:

Countermeasure	Gap for 52M (M)
Vaccine antigen	22
MF59 Adjuvant	27
AS03 Adjuvant*	24
Syringes and supplies	42.2

*Filling only



H7N9 Preparedness Bulk Antigen Estimates (5th Wave)

Preparedness Actions to Date:

Manufacturer	Type of vaccine	# of Lots Ordered
(b)(5)		
Total(M)		

*Clinical lot only **For stability testing only ***seed development only





H7N9 Pre-Pandemic Vaccine Antigen Stockpile

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*NIH to conduct clinical trials as soon as vaccine is available





BARDA Flu Related Products in Development*

Company	Countermeasure
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Recombinant Influenza Vaccine

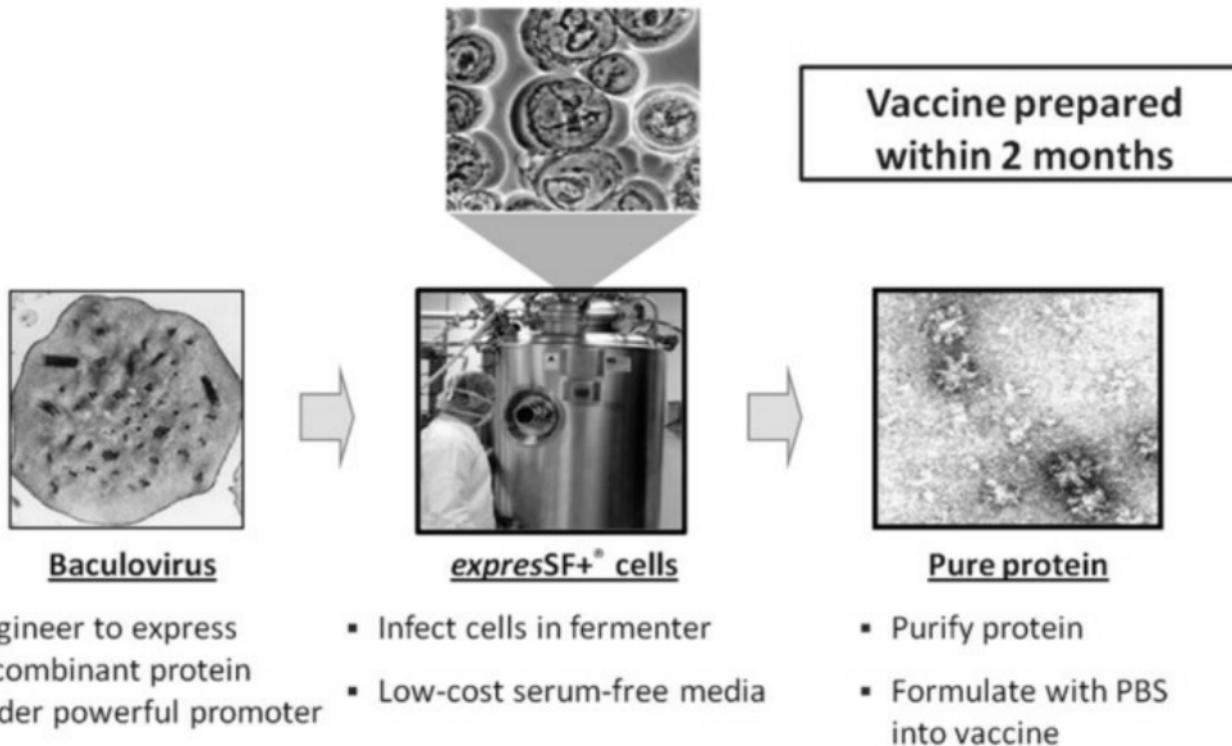
- Influenza HA gene is inserted into baculovirusInsect cells are infected with recombinant baculovirus, and HA protein is subsequently purified Process does not utilize/rely on eggs at any step.Potential for faster manufacturing than egg based approaches, which is important in a pandemic situationCurrently two licensed products, FluBlok and FluBlok Quadrivalentlicensed by Protein Sciences, which has since been bought by Sanofi PasteurLicensed for 18 and aboveSlightly shorter shelf life than other vaccines





BEVS Technology

Baculovirus Expression Vector System (BEVS) Technology





DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Washington, D.C. 20201

DATE: February 6, 2018

TO: The Secretary

FROM: Robert Kadlec, M.D.
Assistant Secretary for Preparedness and Response

SUBJECT: Informational Briefing Memo - Influenza

This memo serves to provide a brief description of the current flu season and highlight key issues prior to a briefing occurring Wednesday, February 7.

Seasonal Influenza Update

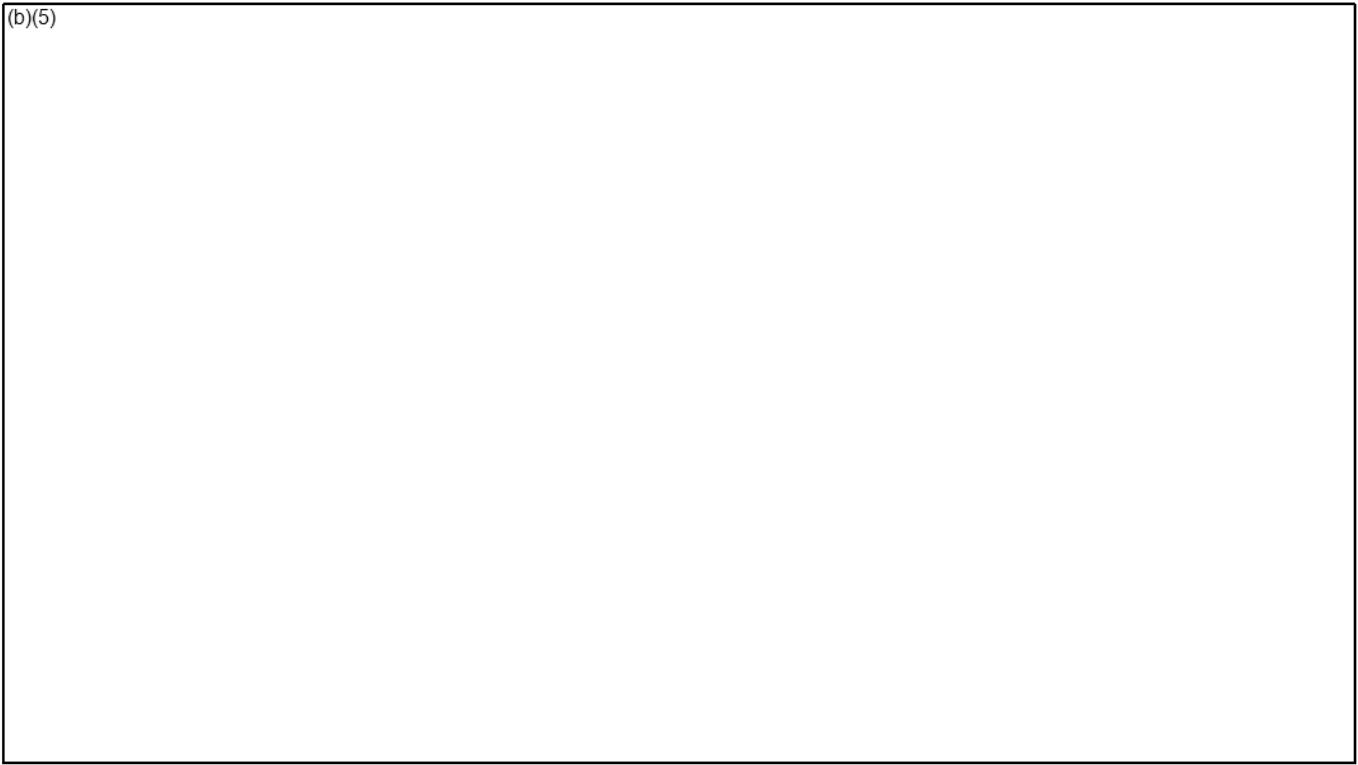
Bottom line up front: By week 10 of the current flu season (CDC data provided through 1/27/2018), there are high hospitalizations, increasing deaths, and widespread activity, mainly due to H3N2 influenza which usually is associated with lower vaccine effectiveness compared with H1N1 or B influenza. Flu seasons can last 11-20 weeks and most indicators have not begun to improve. Vaccine effectiveness results from the US should be released later this month.

- Current season epidemiologic situation to date (as of 1/27/2018)
 - Surveillance indicators suggest the season has similar severity to 2014/15, when drifted H3N2 influenza strains circulated. There is no evidence of 'drift' among the circulating strains.
 - The total pediatric deaths for the season is 53. During the most recent high severity season, 2014-15, the total pediatric deaths numbered 171.
 - Deaths due to pneumonia and influenza on death certificates have increased sharply in the last 2 weeks. The level (9.7%) is approaching, and likely will exceed, the peak of a recent high severity season in 2014-15 of 10.8%
 - The percent of patients with influenza like illness coming in to doctor's offices and emergency departments continues to increase and is now 7.1%, the highest flu activity since 2009 which peaked at 7.7%.
 - Influenza associated hospitalizations (51.4/100,000) are the highest since we began tracking this closely in 2010. The rates are highest among those 65 years and older, followed by those 50-64, and then 0-4 years old.
 - Geographic spread: 48 states are still reporting widespread flu activity (widespread means that more than half of the regions of the state had outbreaks and case of flu). Some states in the western part of the country are beginning to see declining flu activity, the eastern part of the country is seeing somewhat higher activity, and southern states are still continuing to see high activity.
- Current vaccine effectiveness estimates (subject to change): Next week, CDC will be reporting out its interim season vaccine effectiveness estimates. (b)(5)

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- Vaccine doses and vaccine coverage: As of January 12, more than 152 million doses of flu vaccine had been shipped nationwide. Midseason vaccine coverage was generally similar to past years, higher in children and the elderly than in adults <65 years of age.
- Antivirals: CDC is in regular contact with influenza antiviral manufacturers regarding supply and other issues. Some manufacturers are reporting delays in filling orders and CDC is aware of spot shortages of antiviral drugs, specifically generic versions of oseltamivir capsules and suspension due to high influenza activity experienced simultaneously around the country. CDC is working with manufacturers, distributors, and pharmacy partners including pharmacy benefit managers, to address existing gaps in the market and increase access to these drugs.
- Saline: ASPR's Critical Infrastructure Protection team is receiving continued reports from hospitals concerned about saline availability and flu volume. Per FDA, there is now an official nationwide shortage of sterile water products- both small and large volumes- mainly due to increased demand as a saline alternative for injection. Manufacturing issues in

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The National Vaccine Program Office's National Vaccine Advisory Committee, under the Office of the Assistant Secretary for Health is meeting February 7-8. On February 7, speakers from BARDA and NIH will discuss next generation influenza vaccine development, and on February 8, CDC will present an update on the current influenza season. On February 8 there will also be several presentations on disparities in immunization coverage, including racial disparities in influenza vaccine coverage.

The Office of the Surgeon General, OASH, is also well positioned to disseminate HHS messages about influenza and influenza vaccine through its leadership of the Commissioned Corps of the U.S. Public Health Service in collaboration with the Regional Health Administrators. As the Nation's Doctor, the

Surgeon General communicates the science around health and has unique standing with the American public as a trusted voice on health related issues. The Surgeon General is planning media outreach and will issue statements on steps individuals can take to protect themselves and their families from the flu. For example, the Surgeon General has authored a blog focused on providers.

H7N9 Update

Bottom line up front: H7N9 in China remains a global health threat. While China has previously provided some samples to the CDC; in recent years samples are difficult to acquire. The Secretary may be requested to urge China to provide the eight samples requested by the CDC.

Influenza A (H7N9) continues to be a global public health threat since it emerged in 2013 in people in China. As with all influenza viruses which are constantly changing, it is important to monitor the evolution of H7N9 strains, assess their threat, and develop candidate medical countermeasures to ensure global preparedness capabilities. The Department needs access to contemporary H7N9 viruses that reflect the diversity of viruses currently circulating among birds and people in China. The U.S. CDC received H7N9 viruses from China in 2013 when the virus first emerged and HHS developed and stockpiled pre-pandemic H7N9 vaccine to these strains. In 2017, CDC received a total of five H7N9 viruses from Hong Kong and Taiwan and one virus from mainland China. However, the U.S. CDC has encountered difficulties in accessing additional H7N9 viruses from mainland China over the last three years, despite the willingness and cooperation of the China CDC to respond to requests for viruses. HHS, State, and Embassy Beijing have attributed the delays in sharing viruses to administrative and regulatory requirements implemented by the Chinese Ministry of Commerce (MOFCOM). After efforts by the U.S. Government to engage China at the technical and diplomatic levels earlier this year, including a letter from Secretary Price to Chinese Minister of Health Li, CDC received one H7N9 virus in April 2017. However, the 2017 revelation of circulating H7N9 viruses in China that are distinct from earlier H7N9 virus strains and existing candidate vaccine viruses (CVV) has rendered the U.S. stockpiled 2013 H7N9 vaccines suboptimal. Therefore, HHS has developed a new pre-pandemic H7N9 vaccine. CDC has evaluated the CVV against the available 2017 H7N9 viruses, but needs additional 2017 viruses to evaluate better the breadth of protection against H7N9 viruses circulating in China.

The U.S. CDC's request in June 2017 for eight H7N9 viruses from the most recent outbreak in China is still awaiting approval from various Chinese government institutions before the viruses can be exported. Since February 2017, HHS has increased its engagement with its Ministry counterparts in China to both encourage and better understand China's policy, procedures, and timeline for virus sharing. The White House's Homeland Security Advisor and National Security Council have been engaged in this bilateral issue including most recently requesting that U.S. Ambassador to China Terry Brandstad meet with MOFCOM and the China CDC on this issue. HHS/OGA and the White House will also be meeting this week with the U.S. Deputy Chief of Mission in China, who has a strong relationship with MOFCOM, to discuss this issue.



To: Secretary Alex M. Azar II
Through: Paula Stannard
From: Dr. Robert Kadlec
Subject: Influenza Briefing
Date: Wednesday, February 7, 2018

Event Details:

Date: Wednesday, February 8, 2018
Time: 5:10-6:00pm
Location: Room 610-F, Humphrey Building
Call: None
HHS Staff: *Dr. Schuchat, Dr. Fauci, Dr. Kadlec, Dr. Wright, Dr. Jerome Adams, Dr. Scott Gottlieb, Garrett Grigsby*
Press: No

Who requested this event:

Office of the Secretary

Topic:

Discuss the current influenza season, and briefly discuss H7N9 samples.

Objective:

For HHS components and the Secretary to discuss the current influenza season and next steps.

List of Attendees/Participants:

Dr. Anne Schuchat
Dr. Anthony Fauci
Dr. Robert Kadlec
Dr. Donald Wright
Dr. Jerome Adams
Dr. Peter Marks
Garrett Grigsby

Meeting / Event Agenda:

5:10 Welcome & Overview
5:10-5:23 Dr. Schuchat
5:23-5:35 Dr. Fauci
5:30-5:40 Dr. Kadlec
5:40-5:45 Dr. Wright, Dr. Adams, Dr. Marks, Garrett Grigsby



5:45-5:50 H7N9 Sample Update
5:50-6:00 Closing Comments & Action Items

Background:

By week 10 of the current flu season (through 1/27/2018), there are high hospitalizations, increasing deaths, and widespread activity, mainly due to H3N2 influenza which usually is associated with lower vaccine effectiveness compared with H1N1 or B influenza. Flu seasons can last 11-20 weeks and most indicators have not begun to improve. Vaccine effectiveness results from the US should be released later this month.

Attachments:

1. Situation Report Memo
2. Slides

From: Policy Briefings Scheduler (OS/IOS)
Sent: 14 Aug 2017 17:52:38 +0000
To: Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Malliou, Ekaterini (OS/IOS);Korch, George (OS/ASPR/IO);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Ford-Barnes, Arwenthia (HHS/ASPR/IO)
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Subject: ASPR Briefing for Policy Team - [MATERIALS ATTACHED]
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Purpose: Continuation meeting with Counselors. Please contact Dr. Ekaterini Malliou should you have any questions.

Meeting Participants:

Counselors: Paula Stannard, Mary-Sumpter Lapinski, Maggie Wynne, John Brooks, Kathryn Bell

Deputy Secretary's Office: Laura Caliguiri

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ASPR: George Koch, Edward Gabriel, Chris Meekins

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FDA: Anna Abram – via phone; Jack Kalavritinos – via phone

Location: Exec Sec Conf Rm 614H; (b)(6) Passcode (b)(6) Leader Code (b)(6)

Contact: Dr. Ekaterini (Kat) Malliou at Ekaterini.Malliou@hhs.gov; 202-690-6875

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 21 Aug 2017 15:06:38 +0000
To: Policy Briefings Scheduler (OS/IOS);Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Malliou, Ekaterini (OS/IOS);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Ford-Barnes, Arwenthia (HHS/ASPR/IO);Kadlec, Robert (OS/ASPR/IO)
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Location: Exec Sec Conf Rm 614H; Passcode , Leader Code

Contact: Dr. Ekaterini (Kat) Malliou at Ekaterini.Malliou@hhs.gov; 202-690-6875

Sent: 28 Jun 2018 10:50:59 +0000
To: Policy Briefings Scheduler (OS/IOS);Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Malliou, Ekaterini (OS/IOS);Korch, George (OS/ASPR/IO);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Ford-Barnes, Arwenthia (HHS/ASPR/IO)
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Subject: APR Briefing for Policy Team - [MATERIALS ATTACHED]
Attachments: Agenda_ASPR Brief to OS Policy Team 8_23.docx, Concept Paper APR-CDC Emerging Infectious Disease v2.docx

Purpose: Continuation meeting with Counselors. Please contact Dr. Ekaterini Malliou should you have any questions.

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Sent: 28 Jun 2018 10:51:19 +0000
To: Policy Briefings Scheduler (OS/IOS);Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Malliou, Ekaterini (OS/IOS);Korch, George (OS/ASPR/IO);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Ford-Barnes, Arwenthia (HHS/ASPR/IO)
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of the Freedom of Information Act

Page 184

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Page 194

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Page 195

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Sent: 28 Jun 2018 10:51:35 +0000
To: Policy Briefings Scheduler (OS/IOS);Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Ford-Barnes, Arwenthia (HHS/ASPR/IO);Malliou, Ekaterini (OS/IOS);Korch, George (OS/ASPR/IO);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Kadlec, Robert (OS/ASPR/IO)
Cc: Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Bowles, Jamil (HHS/IOS);Stimson, Brian (HHS/OGC);Bowman, Matthew (HHS/OGC);Stephan, Briana (OS/ASPR/IO);Moss, Marcille (OS/ASPR/IO);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Horska, Katerina (HHS/IOS)
Subject:

Purpose: Continuation meeting with Counselors. Please contact Dr. Ekaterini Malliou should you have any questions.

Meeting Participants:

Counselors: Paula Stannard, Mary-Sumpter Lapinski, Maggie Wynne, John Brooks, Kathryn Bell

Deputy Secretary's Office: Laura Caliguiri

Exec Sec: Ann Agnew, Ekaterini (Kat) Malliou

ASPR: George Koch, Edward Gabriel, Chris Meekins, Robert Kadlec

OGC: Heather Flick

ASFR: Jen Moughalian, Norris Cochran

FDA: Anna Abram - via phone; Jack Kalavritinos - via phone

Location: Exec Sec Conf Rm 614H; (b)(6) Passcode (b)(6) Leader Code (b)(6)

Contact: Dr. Ekaterini (Kat) Malliou at Ekaterini.Malliou@hhs.gov; 202-690-6875

From: Policy Briefings Scheduler (OS/IOS)
Sent: 21 Aug 2017 15:06:38 +0000
To: Policy Briefings Scheduler (OS/IOS);Stannard, Paula (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Brooks, John (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Agnew, Ann (HHS/IOS);Malliou, Ekaterini (OS/IOS);Gabriel, Edward (OS/ASPR/IO);Meekins, Chris (OS/ASPR/IO);Flick, Heather (OS/OGC);Moughalian, Jen (HHS/ASFR);Cochran, Norris (HHS/ASFR);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Ford-Barnes, Arwenthia (HHS/ASPR/IO);Kadlec, Robert (OS/ASPR/IO)
Cc: Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Bowles, Jamil (HHS/IOS);Stimson, Brian (HHS/OGC);Bowman, Matthew (HHS/OGC);Stephan, Briana (OS/ASPR/IO);Moss, Marcille (OS/ASPR/IO);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL)
Subject: ASPR Briefing for Policy Team
Attachments: Untitled, Untitled, Untitled

Purpose: Continuation meeting with Counselors. Please contact Dr. Ekaterini Malliou should you have any questions.

Meeting Participants:

Counselors: Paula Stannard, Mary-Sumpter Lapinski, Maggie Wynne, John Brooks, Kathryn Bell

Deputy Secretary's Office: Laura Caliguiri

Exec Sec: Ann Agnew, Ekaterini (Kat) Malliou

ASPR: Edward Gabriel, Chris Meekins, Robert Kadlec

OGC: Heather Flick

ASFR: Jen Moughalian, Norris Cochran

FDA: Anna Abram – via phone; Jack Kalavritinos – via phone

Location: Exec Sec Conf Rm 614H; Passcode Leader Code

Contact: Dr. Ekaterini (Kat) Malliou at Ekaterini.Malliou@hhs.gov; 202-690-6875

Non Responsive Record

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Tuesday, November 14, 2017 9:06 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

yes sir. Thank you.

Lucas Boyce

Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Clark, Timothy (HHS/IOS) [Timothy.Clark1@hhs.gov]
Sent: Monday, November 13, 2017 1:32 PM
To: Boyce, Lucas; Stirrup, Heidi (HHS/IOS)
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Thanks for the note. We'll get back to you shortly.

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Monday, November 13, 2017 8:49 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Hi Timothy and Heidi.

I hope all is well. Would you be able to help with the below query? I'm happy to hop on a quick phone call to provide additional information for consideration.

We are grateful for anything you might be able to do.

Lucas Boyce

Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Boyce, Lucas

Sent: Thursday, November 2, 2017 11:14 AM

To: Timothy.Clark1@hhs.gov; Heidi.Stirrup@hhs.gov

Cc: Fishpaw, Marie <Marie.Fishpaw@heritage.org>; Kao, Emilie <Emilie.Kao@heritage.org>; Binion, Thomas <Thomas.Binion@heritage.org>

Subject: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Good morning Timothy and Heidi,

I serve as a Senior Advisor for Executive Branch Relations at the Heritage Foundation.

I'm reaching out on behalf of the Heritage Foundation to ask your help in setting up appointments to meet with key personnel at the department.

Heritage Foundation's research analysts and thought leaders have crafted a series of policy recommendations compiled into five bodies of work entitled: **The Mandate For Leadership**. Some more information about the Mandate is below for your review.

With this in mind we are asking for your help in connecting us with the appropriate agency staff/ political appointees that could benefit from our policy experts' research.

With your assistance we'd like to set up meetings with appointees or policy staff that have jurisdiction over the following issue areas.

Issue Areas/Recommendations

- Welfare Reform Across Means Tested Programs
- Implementation of ACA
- Preventative Services Requirements
- ACA Risk Corridor Program Funding

Would you be able to assist us with the contact information including email and phone number for decision makers that have jurisdiction over the above issues areas/offices?

The Heritage Foundation is grateful for any help and guidance you are able to provide.

Sincerely,

Lucas

P.S....

Mandate for Leadership: A Comprehensive Policy Agenda for a New Administration

Heritage Releases Final Volume in 2016 "Mandate for Leadership" Series

The **Mandate For Leadership** series are individually entitled as follows:

1. *Blueprint for Reform: A Comprehensive Policy Agenda for a New Administration in 2017*
2. *Blueprint for a New Administration: Priorities for the President*
3. *Blueprint for Reorganization: An Analysis of Federal Departments and Agencies*
4. *Blueprint for Reorganization: Pathways to Reform and Cross-Cutting Issues*
5. *Blueprint for Balance: A Federal Budget for Fiscal Year 2018*

The policy prescriptions and detailed research proposed in the the **Mandate for Leadership Series** align with President Trump's philosophical approach on the proper role of the federal government.

The policy reforms are based entirely on the principles of:

- Free Enterprise
- Limited Government
- Individual Freedom
- Traditional American values
- Strong National Defense

Given President Trump's **Make America Great Again** agenda and leadership priorities, the over 500,000 members and senior leadership of the Heritage Foundation believe these detailed reforms are of incredible value to your department's efforts to enacting the President's agenda.

Heritage believes the personnel serving in the Trump Administration would benefit from the compiled research and recommendations.

Lucas Boyce

Senior Advisor for Executive Branch Relations
202-546-4400

From: Stirrup, Heidi (HHS/IOS)
Sent: 16 Jan 2018 18:16:51 +0000
To: nina.schaefer@heritage.org
Subject: FW: Resume and Follow-Up
Attachments: Resume (January 2018).docx

Dear Nina:

This young man is a friend of our dear friends – who is interested in an internship or possible position with Heritage Foundation – in national security or foreign policy. (b)(6) is on track to graduate from William and Mary in May 2018 and while I only just met him, and cannot speak to his abilities directly, he a friend of our friends (b)(6) since the third grade – (b)(6) knows (b)(6) son, (b)(6) – as they attended school together since third grade. (b)(6) dad and (b)(6) dad (our friend) are officers in the US Air Force. Any consideration is greatly appreciated. Thank you.

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non Responsive Record

From: Stirrup, Heidi (HHS/IOS)
Sent: 4 May 2017 17:39:54 +0000
To: Autumn Christensen (AChristensen@sba-list.org)
Subject: FW: Secretary Price Welcomes Opportunity to Reexamine Contraception Mandate

From: HHS Office of Public Affairs [mailto:hhsopa@hhs.gov]
Sent: Thursday, May 04, 2017 12:23 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: Secretary Price Welcomes Opportunity to Reexamine Contraception Mandate



U.S. Department of Health and Human Services

Press Statement

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter [@HHSMedia](https://twitter.com/HHSMedia)

FOR IMMEDIATE RELEASE

Thursday, May 4, 2017

Secretary Price Welcomes Opportunity to Reexamine Contraception Mandate

Today, Health and Human Services Secretary Tom Price, M.D., issued the following statement regarding President Trump's executive order on religious freedom:

“Religious liberty is our country’s first freedom. Americans of faith play a vital role in caring for our most vulnerable citizens, including the elderly and the poor.

“We welcome today’s executive order directing the Department of Health and Human Services to reexamine the previous administration’s interpretation of the Affordable Care Act’s preventive services mandate, and commend President Trump for taking a strong stand for religious liberty.

“We will be taking action in short order to follow the President’s instruction to safeguard the deeply held religious beliefs of Americans who provide health insurance to their employees.”

###

Connect with HHS and sign up for [HHS email updates](#). Like [HHS Secretary Tom Price, M.D.](#) on Facebook and follow HHS Secretary Price on Twitter [@SecPriceMD](#).



If you would rather not receive future communications from U.S. Department of Health and Human Services (HHS), let us know by clicking [here](#).

U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

From: Stirrup, Heidi (HHS/IOS)
Sent: 6 Oct 2017 16:01:56 +0000
To: Autumn Christensen (AChristensen@sba-list.org)
Subject: FW: Trump Administration Issues Rules Protecting the Conscience Rights of All Americans

From: HHS Office Of Public Affairs [mailto:hhsopa@hhs.gov]
Sent: Friday, October 06, 2017 11:17 AM
To: Stirrup, Heidi (HHS/IOS)
Subject: Trump Administration Issues Rules Protecting the Conscience Rights of All Americans



U.S. Department of Health and Human Services

News Release

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter [@HHSMedia](https://twitter.com/HHSMedia)

FOR IMMEDIATE RELEASE

Friday, October 6, 2017

Trump Administration Issues Rules Protecting the Conscience Rights of All Americans

The Departments of Health and Human Services, Treasury, and Labor are announcing two companion interim final rules that provide conscience protections to Americans who have a religious or moral objection to paying for health insurance that covers contraceptive/abortifacient services. Obamacare-compliant health insurance plans are required to cover “preventive services,” a term defined through regulation. Under the existing regulatory requirements created by the previous administration, employers, unless they qualify for an exemption, must offer health insurance that covers all FDA-approved contraception, which includes medications and devices that may act as abortifacients as well as sterilization procedures.

Under the first of two companion rules released today, entities that have sincerely held religious beliefs against providing such services would no longer be required to do so. The second rule applies the same protections to organizations and small businesses that have objections on the basis of moral conviction which is not based in any particular religious belief.

In May, President Trump issued an “Executive Order Promoting Free Speech and Religious Liberty” in which the President directed the Secretaries of Health and Human

Services, Labor and the Treasury to consider amending existing regulations relative to Obamacare's preventive-care mandate in order to address conscience-based objections.

Key facts about today's interim final rules:

- The regulations exempt entities only from providing an otherwise mandated item to which they object on the basis of their religious beliefs or moral conviction.
- The regulation leaves in place preventive services coverage guidelines where no religious or moral objection exists – meaning that out of millions of employers in the U.S., these exemptions may impact only about 200 entities, the number that filed lawsuits based on religious or moral objections.
 - These rules will not affect over 99.9% of the 165 million women in the United States.
- Current law itself already exempts over 25 million people from the preventive-care mandate because they are insured through an entity that has a health insurance plan that existed prior to the Obamacare statute.
- The regulations leave in place government programs that provide free or subsidized contraceptive coverage to low income women, such as through community health centers.
- These regulations do not ban any drugs or devices.

The mandate as defined by the previous administration suffered defeats in court after court, including the Supreme Court, which ruled that the government cannot punish business owners for their faith.

###

Connect with HHS and sign up for [HHS email updates](#)



If you would rather not receive future communications from U.S. Department of Health and Human Services (HHS), let us know by clicking [here](#).

U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

Non Responsive Record

From: "Richardson, Helena" <Helena.Richardson@heritage.org>

Subject: Re: Intern candidate resume and Follow-Up

Date: 16 January 2018 17:46

To: "Wagner, Bridgett" <bridgett.wagner@heritage.org>

Cc: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>

Hello Heidi,

I will follow up with (b)(6) and add a note in his file.

Thank you so much.

Helena

Helena Ramirez Richardson
Director, Young Leaders Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6032
heritage.org

On Jan 16, 2018, at 5:39 PM, Wagner, Bridgett <bridgett.wagner@heritage.org> wrote:

Heidi-

I've copied Helena Richardson into this email. Helena heads up our Young Leaders Program which includes our intern program. I know she will be pleased to learn of your knowledge of this candidate.

Best,
Bridgett

Bridgett Wagner
Vice President, Policy Promotion
x6050

Begin forwarded message:

From: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>
Date: January 16, 2018 at 4:38:12 PM EST
To: "bridgett.wagner@heritage.org"
<bridgett.wagner@heritage.org>
Subject: Resume and Follow-Up

Greetings, Bridget:

Hope this message finds you well.

I attached the resume for (b)(6) who I only met this past weekend, but he has been a friend of the family of dear friends of (b)(6) and mine – (b)(6) – as their sons attended third grade together and have been friends ever since. He is expecting to graduate from William & Mary University in VA in May, 2018 and is very interested in a possible internship or position with Heritage. I would be extremely grateful if someone would follow-up with (b)(6) and discuss any possibilities.

Thank you for your consideration.

With kind regards,

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non Responsive Record

Non Responsive Record

From: "Wagner, Bridgett" <bridgett.wagner@heritage.org>
Subject: Intern candidate resume and Follow-Up
Date: 16 January 2018 17:39
To: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>
Cc: "Richardson, Helena" <Helena.Richardson@heritage.org>
Heidi-

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Best,
Bridgett

Bridgett Wagner
Vice President, Policy Promotion
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6050
heritage.org

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Thank you for your consideration.

With kind regards,

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Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non Responsive Record

Non Responsive Record

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Subject: Re: Intern candidate resume and Follow-Up
Date: 16 January 2018 17:46
To: "Wagner, Bridgett" <bridgett.wagner@heritage.org>
Cc: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>
Hello Heidi,

I will follow up with (b)6 and add a note in his file.

Thank you so much.

Helena

Helena Ramirez Richardson
Director, Young Leaders Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6032
heritage.org

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[REDACTED]
Bridgett Wagner
Vice President, Policy Promotion
x6050

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(6)

Thank you for your consideration.

With kind regards,

Heidi Stirrup

Office of White House Liaison

U.S. Department of Health and Human Services

202-868-9828

Non Responsive Record

From: Billy Valentine
Sent: 12 Apr 2017 21:02:16 +0000
To: Stirrup, Heidi (HHS/IOS)
Cc: Marjorie Dannenfelser
Subject: Jane Norton

Hi Heidi,

I hope all is well on your end!

Marjorie asked that I shoot you an email to put in a good word for Jane Norton. It is our understanding that she has been interviewed for HHS Director of Intergovernmental and External Affairs. While not knowing who else may be up for the position, Marjorie wanted to express that she thinks Jane would be an excellent fit and that we are a big fan of hers. We endorsed her when she ran for Senate in Colorado back in 2010.

I do not know Jane personally, but I worked extensively with her husband Mike when he was with ADF.

Marjorie may have more to add here as she knows Jane personally.

If you have any questions, please do not hesitate to ask!

Billy

Billy Valentine
Vice President of Public Policy
Susan B. Anthony List
202-223-8073 (office)
[redacted] (mobile)
www.sba-list.org

From: Boyce, Lucas
Sent: 2 Nov 2017 15:13:58 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS)
Cc: Fishpaw, Marie;Kao, Emilie;Binion, Thomas
Subject: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Good morning Timothy and Heidi,

I serve as a Senior Advisor for Executive Branch Relations at the Heritage Foundation.

I'm reaching out on behalf of the Heritage Foundation to ask your help in setting up appointments to meet with key personnel at the department.

Heritage Foundation's research analysts and thought leaders have crafted a series of policy recommendations compiled into five bodies of work entitled: **The Mandate For Leadership**. Some more information about the Mandate is below for your review.

With this in mind we are asking for your help in connecting us with the appropriate agency staff/ political appointees that could benefit from our policy experts' research.

With your assistance we'd like to set up meetings with appointees or policy staff that have jurisdiction over the following issue areas.

Issue Areas/Recommendations

- Welfare Reform Across Means Tested Programs
- Implementation of ACA
- Preventative Services Requirements
- ACA Risk Corridor Program Funding

Would you be able to assist us with the contact information including email and phone number for decision makers that have jurisdiction over the above issues areas/offices?

The Heritage Foundation is grateful for any help and guidance you are able to provide.

Sincerely,

Lucas

P.S....

Mandate for Leadership: A Comprehensive Policy Agenda for a New Administration

Heritage Releases Final Volume in 2016 "Mandate for Leadership" Series

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3. *Blueprint for Reorganization: An Analysis of Federal Departments and Agencies*
4. *Blueprint for Reorganization: Pathways to Reform and Cross-Cutting Issues*
5. *Blueprint for Balance: A Federal Budget for Fiscal Year 2018*

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- Traditional American values
- Strong National Defense

Given President Trump's ***Make America Great Again*** agenda and leadership priorities, the over 500,000 members and senior leadership of the Heritage Foundation believe these detailed reforms are of incredible value to your department's efforts to enacting the President's agenda.

Heritage believes the personnel serving in the Trump Administration would benefit from the compiled research and recommendations.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Jeanne Mancini
Sent: 17 Oct 2017 19:17:58 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: Please Join Us!
Attachments: March for Life Invitation.jpg



Dear Mr. and Mrs. Stirrup,

We would be delighted to have you join us on the evening of November 9th for a reception in support and celebration of the March for Life.

Please see the attached invitation with more details.

Looking forward to seeing you,

Jeanne F. Mancini

Jeanne Mancini
President, March for Life Education and Defense Fund

Please join the Board of Directors
in celebration and support of the upcoming
45th Annual



Thursday, November 9, 2017 | 7:00 – 8:30 p.m.

The Home of Mark and Ann Goedde
234 Moore Avenue SE
Vienna, VA 22180

Special presentation at 7:30

Please RSVP to AnneMarieWarner@marchforlife.org

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in celebration and support of the upcoming
45th Annual



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The Home of Mark and Ann Goedde
234 Moore Avenue SE
Vienna, VA 22180

Special presentation at 7:30

Please RSVP to AnneMarieWarner@marchforlife.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 22 Feb 2018 19:45:19 +0000
To: Wagner, Bridgett
Subject: RE: Executive Scheduler

That's perfect, Bridgett. Just what I needed. Thank you.

From: Wagner, Bridgett [mailto:bridgett.wagner@heritage.org]
Sent: Thursday, February 22, 2018 1:45 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: Re: Executive Scheduler

Happy to help on this. I just forwarded to a friend who is an executive asst at a law firm and was looking to move into the Administration. Will let you know what she says. Also will share with our Job Bank folks to ask if they have any appropriate candidates in their system.

BGW

On Feb 22, 2018, at 1:30 PM, Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov> wrote:

Dear Bridgett:

You may be at CPAC – hoping you can help me with my search for an Executive Scheduler for the Secretary, Alex M. Azar II.

We are looking for an executive scheduler for HHS Secretary Azar who is not only experienced at scheduling, but also has the added experience of strategically understanding how best to allocate the Secretary's limited time.

Qualities such as discernment, judgment, organization, multi-tasking, attention to details and an ability to manage with a personable demeanor are all key. If you know of suitable candidates, please send them my way. Thank you!

Sincerely

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Bridgett Wagner
Vice President, Policy Promotion
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6050
heritage.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 17 Jan 2018 01:26:34 +0000
To: Richardson, Helena;Wagner, Bridgett
Subject: Re: Intern candidate resume and Follow-Up

Thank you both very much for your kind consideration.

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

On: 16 January 2018 17:46, "Richardson, Helena" <Helena.Richardson@heritage.org>
wrote:
Hello Heidi,

I will follow up with (b)(6) and add a note in his file.

Thank you so much.

Helena

Helena Ramirez Richardson
Director, Young Leaders Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6032
heritage.org

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I've copied Helena Richardson into this email. Helena heads up our Young Leaders Program which includes our intern program. I know she will be pleased to learn of your knowledge of this candidate.

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Bridgett

Bridgett Wagner
Vice President, Policy Promotion
x6050

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From: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>
Date: January 16, 2018 at 4:38:12 PM EST
To: "bridgett.wagner@heritage.org"
<bridgett.wagner@heritage.org>
Subject: Resume and Follow-Up

Greetings, Bridget:

Hope this message finds you well.

I attached the resume for (b)(6) who I only met this past weekend, but he has been a friend of the family of dear friends of (b)(6) and mine – the (b)(6) as their sons attended third grade together and have been friends ever since. He is expecting to graduate from William & Mary University in VA in May, 2018 and is very interested in a possible internship or position with Heritage. I would be extremely grateful if someone would follow-up with (b)(6) and discuss any possibilities.

Thank you for your consideration.

With kind regards,

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non Responsive Record

From: Marjorie Dannenfelser
Sent: 12 Apr 2017 21:51:22 +0000
To: Stirrup, Heidi (HHS/IOS)
Cc: Billy Valentine
Subject: Re: Jane Norton

Thank you!!

Marjorie Dannenfelser
President
Susan B. Anthony List

On Apr 12, 2017, at 5:39 PM, Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov> wrote:

Thank you very much for this, Marjorie. Your endorsement and that of SBA List means a great deal to this Administration and most especially this Department. Thank you.

With warm regards,

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

From: Marjorie Dannenfelser [<mailto:mdannenfelser@SBA-LIST.ORG>]
Sent: Wednesday, April 12, 2017 5:10 PM
To: Stirrup, Heidi (HHS/IOS)
Cc: Billy Valentine
Subject: Re: Jane Norton

Heidi,

I'm sure you know Jane. I have known her and our team has known her for quite some time because of our endorsement of her and partnership beyond. She is completely trustworthy and talented, a warrior like you.

Marjorie Dannenfelser
President
Susan B. Anthony List

On Apr 12, 2017, at 5:03 PM, Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov> wrote:

Thank you very much.

Heidi Stirrup
Office of White House Liaison

U.S. Department of Health and Human Services
202-868-9828

From: Billy Valentine [<mailto:bvalentine@SBA-LIST.ORG>]
Sent: Wednesday, April 12, 2017 5:02 PM
To: Stirrup, Heidi (HHS/IOS)
Cc: Marjorie Dannenfelser
Subject: Jane Norton

Hi Heidi,

I hope all is well on your end!

Marjorie asked that I shoot you an email to put in a good word for Jane Norton. It is our understanding that she has been interviewed for HHS Director of Intergovernmental and External Affairs. While not knowing who else may be up for the position, Marjorie wanted to express that she thinks Jane would be an excellent fit and that we are a big fan of hers. We endorsed her when she ran for Senate in Colorado back in 2010.

I do not know Jane personally, but I worked extensively with her husband Mike when he was with ADF.

Marjorie may have more to add here as she knows Jane personally.

If you have any questions, please do not hesitate to ask!

Billy

Billy Valentine
Vice President of Public Policy
Susan B. Anthony List
202-223-8073 (office)
[(b)(6)] (mobile)
www.sba-list.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 10 Aug 2017 14:39:38 +0000
To: McMahon, Sean
Subject: RE: Luncheon Invitation with former Reagan Attorney General Edwin Meese

I'd love to be there – I actually worked in the West Wing when Ed Meese was Counselor to President Reagan. I'd love to see him again. Thank you for thinking of me.

Best wishes,

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

From: McMahon, Sean [mailto:Sean.McMahon@heritage.org]
Sent: Thursday, August 10, 2017 9:57 AM
To: Stirrup, Heidi (HHS/IOS)
Subject: Luncheon Invitation with former Reagan Attorney General Edwin Meese

Dear Heidi,

I wanted to personally reach out and invite you to a luncheon with your fellow White House Liaisons featuring former Reagan Attorney General Edwin Meese.

The lunch will provide an off-the-record opportunity to hear General Meese share his experience working to staff the Reagan Administration.

This private lunch is being held at The Heritage Foundation on Friday August 18th at 12:30 pm.

If you are able to join us, please RSVP to me at sean.mcmahon@heritage.org or (202) 608-6205.

Sean McMahon

Sean McMahon
Manager, Executive Branch Outreach and Candidate Briefing Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6205
heritage.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 10 Aug 2017 19:20:00 +0000
To: McMahon, Sean
Subject: RE: Luncheon Invitation with former Reagan Attorney General Edwin Meese

Indeed. Thank you. See you then.

From: McMahon, Sean [mailto:Sean.McMahon@heritage.org]
Sent: Thursday, August 10, 2017 3:17 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: Re: Luncheon Invitation with former Reagan Attorney General Edwin Meese

Heidi,

That's great to hear! And how amazing to have worked with Mr. Meese during the Reagan Administration – you must have some incredible stories from that time!

Looking forward to seeing you next Friday at Heritage.

Sean McMahon

Sean McMahon
Manager, Executive Branch Outreach and Candidate Briefing Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6205
heritage.org

From: "Stirrup, Heidi (HHS/IOS)" <Heidi.Stirrup@hhs.gov>
Date: Thursday, August 10, 2017 at 10:39 AM
To: Sean McMahon <Sean.McMahon@heritage.org>
Subject: RE: Luncheon Invitation with former Reagan Attorney General Edwin Meese

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Office of White House Liaison
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Sean McMahon

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Manager, Executive Branch Outreach and Candidate Briefing Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6205
heritage.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 3 May 2017 13:57:50 +0000
To: Autumn Christensen
Subject: RE: Media

That is really great. Thank you.

From: Autumn Christensen [mailto:achristensen@sba-list.org]
Sent: Wednesday, May 03, 2017 8:53 AM
To: Stirrup, Heidi (HHS/IOS)
Subject: Re: Media

I think we have generated about 300 tweets and 3000 emails so far.

Sent from my iPhone

On May 3, 2017, at 5:32 AM, Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov> wrote:

You are the best! Thank you so much.

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

On: 02 May 2017 20:57, "Autumn Christensen" <achristensen@sba-list.org>
wrote:

Here is a compilation of media reports quoting us on Yoest and Manning. I am going to share it with Paul Teller and Laura Truman too.

Media: SBA List on Appointment of Charmaine Yoest & Teresa Manning

Charmaine Yoest

- AP 4/28 TRUMP NAMES ANTI-ABORTION LEADER TO HIGH POST AT HHS
- Breitbart 4/28 Donald Trump Appoints Pro-Life Advocate as Assistant Secretary of HHS for Public Affairs
- The Independent (UK) 4/28 Trump appoints leading anti-abortion activist to senior role in health department
- LifeSiteNews 4/28 BREAKING: Trump appoints pro-life leader to top Health and Human Services spot
- Opposing Views 4/28 Trump Appoints Anti-Abortion Activist To Senior Post

- The Washington Post 4/28 [Trump appoints antiabortion champion to HHS post](#)
- WORLD Magazine 4/28 [Trump appoints pro-life leader to HHS](#)
- CBN 4/30 [Trump Tags Pro-Life Leader for Big Post, Predecessor Heads to Abortion Giant](#)
- CNN 4/30 [Trump taps anti-abortion leader for top health agency post](#)
- The Christian Post 5/1 [Pro-Lifers Praise Trump Appointment of Fellow Activist to HHS](#)
- EWTN News Nightly 5/1<https://www.youtube.com/watch?v=69N-CA2cSmc>
- The New American 5/1 [Pro-life Leader Charmaine Yoest Named to HHS Post](#)

Teresa Manning

- LifeSiteNews 5/2 [Trump appoints pro-life lawyer to lead 'family planning' programs](#)
- The Washington Post 5/2 [Trump picks antiabortion activist to head HHS family planning section](#)

Both

- Huffington Post 5/1 [Donald Trump Taps Anti-Contraceptive Activist To Oversee Family Planning Program](#)

Sent from my iPhone

From: Stirrup, Heidi (HHS/IOS)
Sent: 3 May 2017 09:32:02 +0000
To: Autumn Christensen
Subject: Re: Media

You are the best! Thank you so much.

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

On: 02 May 2017 20:57, "Autumn Christensen" <achristensen@sba-list.org> wrote:

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- The Washington Post 5/2 [Trump picks antiabortion activist to head HHS family planning section](#)

Both

- Huffington Post 5/1 [Donald Trump Taps Anti-Contraceptive Activist To Oversee Family Planning Program](#)

Sent from my iPhone

From: Boyce, Lucas
Sent: 4 Dec 2017 16:52:12 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS)
Cc: Binion, Thomas
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Hi Mr. Clark and Ms. Stirrup.

I hope you had a great thanksgiving break.

I wanted to follow up and see if you might be willing to assist us in setting up meetings.

Would it be possible to hop on a conference call to explain further what we are hoping to do?

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Clark, Timothy (HHS/IOS) [mailto:Timothy.Clark1@hhs.gov]
Sent: Monday, November 13, 2017 1:32 PM
To: Boyce, Lucas <Lucas.Boyce@heritage.org>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Thanks for the note. We'll get back to you shortly.

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Monday, November 13, 2017 8:49 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Hi Timothy and Heidi.

I hope all is well. Would you be able to help with the below query? I'm happy to hop on a quick phone call to provide additional information for consideration.

We are grateful for anything you might be able to do.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Boyce, Lucas
Sent: Thursday, November 2, 2017 11:14 AM
To: Timothy.Clark1@hhs.gov; Heidi.Stirrup@hhs.gov
Cc: Fishpaw, Marie <Marie.Fishpaw@heritage.org>; Kao, Emilie <Emilie.Kao@heritage.org>; Binion, Thomas <Thomas.Binion@heritage.org>
Subject: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Good morning Timothy and Heidi,

I serve as a Senior Advisor for Executive Branch Relations at the Heritage Foundation.

I'm reaching out on behalf of the Heritage Foundation to ask your help in setting up appointments to meet with key personnel at the department.

Heritage Foundation's research analysts and thought leaders have crafted a series of policy recommendations compiled into five bodies of work entitled: **The Mandate For Leadership**. Some more information about the Mandate is below for your review.

With this in mind we are asking for your help in connecting us with the appropriate agency staff/ political appointees that could benefit from our policy experts' research.

With your assistance we'd like to set up meetings with appointees or policy staff that have jurisdiction over the following issue areas.

Issue Areas/Recommendations

- Welfare Reform Across Means Tested Programs
- Implementation of ACA
- Preventative Services Requirements
- ACA Risk Corridor Program Funding

Would you be able to assist us with the contact information including email and phone number for decision makers that have jurisdiction over the above issues areas/offices?

The Heritage Foundation is grateful for any help and guidance you are able to provide.

Sincerely,

Lucas

P.S....

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Given President Trump's **Make America Great Again** agenda and leadership priorities, the over 500,000 members and senior leadership of the Heritage Foundation believe these detailed reforms are of incredible value to your department's efforts to enacting the President's agenda.

Heritage believes the personnel serving in the Trump Administration would benefit from the compiled research and recommendations.

Lucas Boyce

Senior Advisor for Executive Branch Relations
202-546-4400

Non Responsive Record

From: Boyce, Lucas [<mailto:Lucas.Boyce@heritage.org>]
Sent: Thursday, November 02, 2017 11:14 AM
To: Clark, Timothy (HHS/IOS); Stirrup, Heidi (HHS/IOS)
Cc: Fishpaw, Marie; Kao, Emilie; Binion, Thomas
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Lucas Boyce

Senior Advisor for Executive Branch Relations

The Heritage Foundation

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Washington, DC 20002

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heritage.org

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Senior Advisor for Executive Branch Relations

The Heritage Foundation

214 Massachusetts Avenue, NE

Washington, DC 20002

202-546-4400

heritage.org

From: Boyce, Lucas
Sent: 14 Nov 2017 14:06:25 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS)
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

yes sir. Thank you.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Clark, Timothy (HHS/IOS) [Timothy.Clark1@hhs.gov]
Sent: Monday, November 13, 2017 1:32 PM
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Cc: Fishpaw, Marie <Marie.Fishpaw@heritage.org>; Kao, Emilie <Emilie.Kao@heritage.org>;

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Lucas Boyce

Senior Advisor for Executive Branch Relations
202-546-4400

From: Clark, Timothy (HHS/IOS)
Sent: 13 Nov 2017 18:32:03 +0000
To: Boyce, Lucas;Stirrup, Heidi (HHS/IOS)
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Thanks for the note. We'll get back to you shortly.

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Monday, November 13, 2017 8:49 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Hi Timothy and Heidi.

I hope all is well. Would you be able to help with the below query? I'm happy to hop on a quick phone call to provide additional information for consideration.

We are grateful for anything you might be able to do.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Boyce, Lucas
Sent: Thursday, November 2, 2017 11:14 AM
To: Timothy.Clark1@hhs.gov; Heidi.Stirrup@hhs.gov
Cc: Fishpaw, Marie <Marie.Fishpaw@heritage.org>; Kao, Emilie <Emilie.Kao@heritage.org>; Binion, Thomas <Thomas.Binion@heritage.org>
Subject: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Good morning Timothy and Heidi,

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- Welfare Reform Across Means Tested Programs
- Implementation of ACA
- Preventative Services Requirements
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Would you be able to assist us with the contact information including email and phone number for decision makers that have jurisdiction over the above issues areas/offices?

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Sincerely,

Lucas

P.S....

[Mandate for Leadership: A Comprehensive Policy Agenda for a New Administration](#)

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Lucas Boyce
Senior Advisor for Executive Branch Relations
202-546-4400

From: Boyce, Lucas
Sent: 13 Nov 2017 13:48:34 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS)
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

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Lucas Boyce

Senior Advisor for Executive Branch Relations
202-546-4400

From: Boyce, Lucas
Sent: 6 Dec 2017 20:57:06 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS);Ashendorf, Jacob (HHS/IOS)
Cc: Binion, Thomas
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Thank you very much. We are grateful for your help.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Clark, Timothy (HHS/IOS) [mailto:Timothy.Clark1@hhs.gov]
Sent: Wednesday, December 6, 2017 3:42 PM
To: Boyce, Lucas <Lucas.Boyce@heritage.org>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>;
Ashendorf, Jacob (HHS/IOS) <Jacob.Ashendorf@hhs.gov>
Cc: Binion, Thomas <Thomas.Binion@heritage.org>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Yes. Jacob Ashendorf from our office can work to schedule.

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Monday, December 4, 2017 11:52 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Cc: Binion, Thomas <Thomas.Binion@heritage.org>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Hi Mr. Clark and Ms. Stirrup.

I hope you had a great thanksgiving break.

I wanted to follow up and see if you might be willing to assist us in setting up meetings.

Would it be possible to hop on a conference call to explain further what we are hoping to do?

Lucas Boyce
Senior Advisor for Executive Branch Relations

The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Clark, Timothy (HHS/IOS) [mailto:Timothy.Clark1@hhs.gov]
Sent: Monday, November 13, 2017 1:32 PM
To: Boyce, Lucas <Lucas.Boyce@heritage.org>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
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heritage.org

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Lucas Boyce

Senior Advisor for Executive Branch Relations
202-546-4400

Non-Responsive Record

From: Jeanne Mancini [<mailto:jeannefmancini@marchforlife.org>]
Sent: Tuesday, October 17, 2017 3:18 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: Please Join Us!

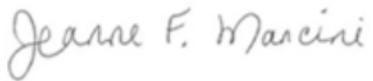


Dear Mr. and Mrs. Stirrup,

We would be delighted to have you join us on the evening of November 9th for a reception in support and celebration of the March for Life.

Please see the attached invitation with more details.

Looking forward to seeing you,

A handwritten signature in black ink that reads "Jeanne F. Mancini". The signature is fluid and cursive, with "Jeanne" on the first line and "F. Mancini" on the second line.

Jeanne Mancini
President, March for Life Education and Defense Fund

From: Billy Valentine
Sent: 13 Apr 2017 17:27:06 +0000
To: Stirrup, Heidi (HHS/IOS);Marjorie Dannenfelser
Subject: RE: President Donald J. Trump Signs H.J.Res. 43 into Law

Heidi, thank you – great news indeed!

Marjorie stood next to the President as he signed it into law – check out the pic here:
<https://twitter.com/SBAList/status/852566213796536321>

From: Stirrup, Heidi (HHS/IOS) [mailto:Heidi.Stirrup@hhs.gov]
Sent: Thursday, April 13, 2017 1:22 PM
To: Marjorie Dannenfelser <mdannenfelser@SBA-LIST.ORG>; Billy Valentine <bvalentine@SBA-LIST.ORG>
Subject: FW: President Donald J. Trump Signs H.J.Res. 43 into Law

FYI

From: White House Press Office [mailto:whitehouse-noreply@messages.whitehouse.gov]
Sent: Thursday, April 13, 2017 12:28 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: President Donald J. Trump Signs H.J.Res. 43 into Law

THE WHITE HOUSE
Office of the Press Secretary

FOR IMMEDIATE RELEASE
April 13, 2017

On Thursday, April 13, 2017, the President signed into law:

H.J.Res. 43, which nullifies the Department of Health and Human Services rule prohibiting recipients of Title X grants for the provision of family planning services from excluding a subgrantee from participating for reasons other than its ability to provide Title X services.

###

Unsubscribe

From: Stirrup, Heidi (HHS/IOS)
Sent: 16 Jan 2018 21:38:12 +0000
To: bridgett.wagner@heritage.org
Subject: Resume and Follow-Up
Attachments: Resume (January 2018).docx

Greetings, Bridget:

Hope this message finds you well.

I attached the resume for (b)(6) who I only met this past weekend, but he has been a friend of the family of dear friends of (b) and mine – the (b)(6) – as their sons attended third grade together and have been friends ever since. He is expecting to graduate from William & Mary University in VA in May, 2018 and is very interested in a possible internship or position with Heritage. I would be extremely grateful if someone would follow-up with (b) and discuss any possibilities.

Thank you for your consideration.

With kind regards,

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non-Responsive Record

From: Mail Delivery System
Sent: 16 Jan 2018 16:36:40 -0500
To: bridget.wagner@heritage.org
Subject: Undeliverable: Resume and Follow-Up
Attachments: FW: Resume and Follow-Up

The following message to <bridget.wagner@heritage.org> was undeliverable.

The reason for the problem:

5.1.0 - Unknown address error 550-'Invalid Recipient - <https://community.mimecast.com/docs/DOC-1369#550>'

From: Stirrup, Heidi (HHS/IOS)
Sent: 16 Jan 2018 21:36:36 +0000
To: bridget.wagner@heritage.org
Subject: FW: Resume and Follow-Up

From: Stirrup, Heidi (HHS/IOS)
Sent: 22 Feb 2018 18:30:15 +0000
To: bridgett.wagner@heritage.org
Subject: Executive Scheduler

Dear Bridgett:

You may be at CPAC – hoping you can help me with my search for an Executive Scheduler for the Secretary, Alex M. Azar II.

We are looking for an executive scheduler for HHS Secretary Azar who is not only experienced at scheduling, but also has the added experience of strategically understanding how best to allocate the Secretary's limited time.

Qualities such as discernment, judgment, organization, multi-tasking, attention to details and an ability to manage with a personable demeanor are all key. If you know of suitable candidates, please send them my way. Thank you!

Sincerely

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non-Responsive Record

Non-Responsive Record

From: Dunlop, Becky Norton [mailto:bndunlop@heritage.org]
Sent: Friday, February 17, 2017 4:39 PM
To: Clark, Timothy (HHS/IOS); Stirrup, Heidi (HHS/IOS)
Subject: RE: Heritage's HHS candidates and resumes, as promised.

Becky Norton Dunlop

Ronald Reagan Distinguished Fellow

The Heritage Foundation

214 Massachusetts Avenue, NE

Washington, DC 20002

202-546-4400

heritage.org

From: Clark, Timothy (HHS/IOS) [mailto:Timothy.Clark1@hhs.gov]

Sent: Friday, February 17, 2017 4:01 PM

To: Stirrup, Heidi (HHS/IOS); Dunlop, Becky Norton; Dutcher, Victoria

Subject: Heritage's HHS candidates and resumes, as promised.

Hello Becky and Vicky,

Is it possible to resend this file? I was asking our team to download this, and the file has expired.

Non-Responsive Record

From: Stirrup, Heidi (HHS/IOS)
Sent: 13 Apr 2017 17:55:23 +0000
To: Billy Valentine;Marjorie Dannenfelser
Subject: RE: President Donald J. Trump Signs H.J.Res. 43 into Law

Wow! What a great photo! Elections do have consequences. Great work, all the way around! Thank you for sharing.

From: Billy Valentine [mailto:bvalentine@SBA-LIST.ORG]
Sent: Thursday, April 13, 2017 1:27 PM
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[Unsubscribe](#)

The White House · 1600 Pennsylvania Avenue, NW · Washington DC 20500 · 202-456-1111

Non-Responsive Record

From: Boyce, Lucas [mailto:Lucas.Boyce@heritage.org]
Sent: Tuesday, November 14, 2017 9:06 AM
To: Clark, Timothy (HHS/IOS) <Timothy.Clark1@hhs.gov>; Stirrup, Heidi (HHS/IOS) <Heidi.Stirrup@hhs.gov>
Subject: RE: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

yes sir. Thank you.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
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202-546-4400
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Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

Non-Responsive Record

From: Stirrup, Heidi (HHS/IOS)
Sent: 6 Oct 2017 16:01:56 +0000
To: Autumn Christensen (AChristensen@sba-list.org)
Subject: FW: Trump Administration Issues Rules Protecting the Conscience Rights of All Americans

From: HHS Office Of Public Affairs [mailto:hhsopa@hhs.gov]
Sent: Friday, October 06, 2017 11:17 AM
To: Stirrup, Heidi (HHS/IOS)
Subject: Trump Administration Issues Rules Protecting the Conscience Rights of All Americans



U.S. Department of Health and Human Services

News Release

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter [@HHSMedia](https://twitter.com/HHSMedia)

FOR IMMEDIATE RELEASE

Friday, October 6, 2017

Trump Administration Issues Rules Protecting the Conscience Rights of All Americans

The Departments of Health and Human Services, Treasury, and Labor are announcing two companion interim final rules that provide conscience protections to Americans who have a religious or moral objection to paying for health insurance that covers contraceptive/abortifacient services. Obamacare-compliant health insurance plans are required to cover “preventive services,” a term defined through regulation. Under the existing regulatory requirements created by the previous administration, employers, unless they qualify for an exemption, must offer health insurance that covers all FDA-approved contraception, which includes medications and devices that may act as abortifacients as well as sterilization procedures.

Under the first of two companion rules released today, entities that have sincerely held religious beliefs against providing such services would no longer be required to do so. The second rule applies the same protections to organizations and small businesses that have objections on the basis of moral conviction which is not based in any particular religious belief.

In May, President Trump issued an “Executive Order Promoting Free Speech and Religious Liberty” in which the President directed the Secretaries of Health and Human

Services, Labor and the Treasury to consider amending existing regulations relative to Obamacare's preventive-care mandate in order to address conscience-based objections.

Key facts about today's interim final rules:

- The regulations exempt entities only from providing an otherwise mandated item to which they object on the basis of their religious beliefs or moral conviction.
- The regulation leaves in place preventive services coverage guidelines where no religious or moral objection exists – meaning that out of millions of employers in the U.S., these exemptions may impact only about 200 entities, the number that filed lawsuits based on religious or moral objections.
 - These rules will not affect over 99.9% of the 165 million women in the United States.
- Current law itself already exempts over 25 million people from the preventive-care mandate because they are insured through an entity that has a health insurance plan that existed prior to the Obamacare statute.
- The regulations leave in place government programs that provide free or subsidized contraceptive coverage to low income women, such as through community health centers.
- These regulations do not ban any drugs or devices.

The mandate as defined by the previous administration suffered defeats in court after court, including the Supreme Court, which ruled that the government cannot punish business owners for their faith.

###

Connect with HHS and sign up for [HHS email updates](#)



If you would rather not receive future communications from U.S. Department of Health and Human Services (HHS), let us know by clicking [here](#).

U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

From: Boyce, Lucas
Sent: 2 Nov 2017 15:13:58 +0000
To: Clark, Timothy (HHS/IOS);Stirrup, Heidi (HHS/IOS)
Cc: Fishpaw, Marie;Kao, Emilie;Binion, Thomas
Subject: Meetings With The Department of Health & Human Services RE: Heritage Foundation Mandate For Leadership

Good morning Timothy and Heidi,

I serve as a Senior Advisor for Executive Branch Relations at the Heritage Foundation.

I'm reaching out on behalf of the Heritage Foundation to ask your help in setting up appointments to meet with key personnel at the department.

Heritage Foundation's research analysts and thought leaders have crafted a series of policy recommendations compiled into five bodies of work entitled: **The Mandate For Leadership**. Some more information about the Mandate is below for your review.

With this in mind we are asking for your help in connecting us with the appropriate agency staff/ political appointees that could benefit from our policy experts' research.

With your assistance we'd like to set up meetings with appointees or policy staff that have jurisdiction over the following issue areas.

Issue Areas/Recommendations

- Welfare Reform Across Means Tested Programs
- Implementation of ACA
- Preventative Services Requirements
- ACA Risk Corridor Program Funding

Would you be able to assist us with the contact information including email and phone number for decision makers that have jurisdiction over the above issues areas/offices?

The Heritage Foundation is grateful for any help and guidance you are able to provide.

Sincerely,

Lucas

P.S....

Mandate for Leadership: A Comprehensive Policy Agenda for a New Administration

Heritage Releases Final Volume in 2016 "Mandate for Leadership" Series

The **Mandate For Leadership** series are individually entitled as follows:

1. *Blueprint for Reform: A Comprehensive Policy Agenda for a New Administration in 2017*
2. *Blueprint for a New Administration: Priorities for the President*
3. *Blueprint for Reorganization: An Analysis of Federal Departments and Agencies*
4. *Blueprint for Reorganization: Pathways to Reform and Cross-Cutting Issues*
5. *Blueprint for Balance: A Federal Budget for Fiscal Year 2018*

The policy prescriptions and detailed research proposed in the the **Mandate for Leadership Series** align with President Trump's philosophical approach on the proper role of the federal government.

The policy reforms are based entirely on the principles of:

- Free Enterprise
- Limited Government
- Individual Freedom
- Traditional American values
- Strong National Defense

Given President Trump's ***Make America Great Again*** agenda and leadership priorities, the over 500,000 members and senior leadership of the Heritage Foundation believe these detailed reforms are of incredible value to your department's efforts to enacting the President's agenda.

Heritage believes the personnel serving in the Trump Administration would benefit from the compiled research and recommendations.

Lucas Boyce
Senior Advisor for Executive Branch Relations
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-546-4400
heritage.org

From: Office of the Executive Secretary Master Calendar (HHS/OS)
Sent: 7 Jun 2017 22:27:31 +0000
To: Office of the Executive Secretary Master Calendar (HHS/OS);Skrzycki, Kristin (HHS/IOS);Gartland, Molly (HHS/IOS);Stannard, Paula (HHS/IOS);Lenihan, Keagan (HHS/IOS);Brooks, John (HHS/IOS);Lapinski, Mary-Sumpter (HHS/IOS);Wynne, Maggie (HHS/IOS);Schaefer, Nina (HHS/IOS);Street, Amanda (HHS/IOS);Stevenson, Sarah-Lloyd (HHS/IOS);Bell, Kathryn (HHS/IOS);Caliguiri, Laura (HHS/IOS);Greenstein, Bruce (OS/IOS);Agnew, Ann (HHS/IOS);Cotter, Janice (HHS/IOS);Pelekoudas, Kristina (HHS/IOS);Malliou, Ekaterini (OS/IOS);Stirrup, Heidi (HHS/IOS);Mansdoerfer, David (HHS/IOS);Bird, Catherine (HHS/IOS);Conrad, Patricia (HHS/IOS);Martinez, Cecilia (OS/IOS);Harrison, Jessica (OS/IOS);Lagomarsino, Katie (OS/IOS);Cordova, Jon (OS/ASA);Moughalian, Jen (HHS/ASFR);Arbes, Sarah (HHS/ASL);Aramanda, Alec (OS/ASL);Palmer, Ashley (HHS/ASL);Lawrence, Courtney (HHS/ASL);Morse, Sara (HHS/ASL);Hayes, Sean (HHS/ASL);Lloyd, Matt (OS/ASPA);Murphy, Ryan (OS/ASPA);Marre, Alleigh (OS/ASPA);O'Brien, John (HHS/ASPE);Trueman, Laura (HHS/IEA);Manning, Teresa (HHS/OASH);Bell, March (HHS/OCR);Flick, Heather (OS/OGC);Bowman, Matthew (HHS/OGC);Cleary, Kelly (HHS/OGC);Alexander, Thomas (OS/OGA);Lucas, Jane (HHS/IOS);Morris, Genevieve (OS/ONC/IO);Fleming, John (OS/ONC);Pilato, Anna (ACF);Tignor, Beth (HHS/IOS);Balenger, Juanita (HHS/IOS);Kouzoukas, Demetrios (CMS/OA);Pate, Randy (CMS/CCIO);Abram, Anna (FDA/OC);Kalavritinos, Jack (FDA/OC);Korch, George (OS/ASPR/IO);Gabriel, Edward (OS/ASPR/IO);Bright, Rick (OS/ASPR/BARDA);Phillips, Sally (HHS/ASPR/OPP);Scarborough, Jess (OS/ASPR/AMCG);Petillo, Jay (OS/ASPR/OFPA);Michael, Gretchen (OS/ASPR/COO);Fantinato, Jessica (OS/ASPR/OEM);Boyce, Don (OS/ASPR/OEM);Stephan, Briana (OS/ASPR/IO);Weinberger, Collin (OS/ASPR/IO) (CTR)
Cc: Hawkins, Jamar (HHS/OS)
Subject: Briefing for HHS Political Staff: ASPR 101 & Continuity of Operations Plan (COOP) ** MATERIALS, ATTACHED**
Attachments: Briefing Paper - ASPR 101.pptx, Briefing Paper - COOP.pptx

Briefing for HHS Political Staff

Event Name: ASPR 101 and COOP Briefing

Location: Thomas P. O'Neill Jr. Federal Building, Willow Room on Lower Level, 200 C St SW, Washington, DC 20024 (behind the Humphrey Building)

Date & Time: Tuesday, June 13, 2017, 3-4pm

Topic: ASPR 101 & Continuity of Operations Plan (COOP)

Briefing Materials: Attached

Reason: ASPR will brief the Secretary's policy team and deputy-level political staff on the role of the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Department's Continuity of Operations Plan (COOP).

Note: Please note that the Secretary, Chief of Staff, and the heads of HHS agencies have already been briefed or will be briefed and do not need to attend.

Introduction: The Office of the Assistant Secretary for Preparedness and Response (ASPR)

ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster. The Biomedical Advanced Research and Development Authority (BARDA), within the Office of the Assistant Secretary for Preparedness and Response in the U.S. Department of Health and Human Services, provides an integrated, systematic approach to the development and purchase of the necessary vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies.

Introduction: ASPR Continuity of Operations (COOP)

The National Continuity Policy Implementation Plan (NCPIP) and the National Security Presidential Directive- 51/Homeland Security Presidential Directive- 20 (NSPD-51/HSPD-20), is an effort within individual executive departments and agencies to ensure that Primary Mission Essential Functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents and technological or attack-related emergencies.

Briefing Agenda:

0 minutes: ASPR 101 - Dr. George Korch, Ed Gabriel, Rick Bright, Sally Phillips, JessScarborough, Jay Petillo, Gretchen Michael

20 minutes: COOP – Edward Gabriel, Jessica Fantinato, Don Boyce

20 minutes: Questions & Answers

Lead: Dr. George Korch, Acting ASPR

Event POC: Dr. Ekaterini (Kat) Malliou, 202-286-4549, Ekaterini.Malliou@hhs.gov

Participants:

Office of the Chief of Staff	Kris Skrzycki, Molly Gartland
Office of Counselors	Paula Stannard, Keagan Lenihan, John Brooks, Mary-Sumpter Lapinski, Maggie Wynne, Nina Schaefer, Amanda Street, Sarah-Lloyd Stevenson, Kathryn Bell, Laura Caliguri, Bruce Greenstein
Executive Secretariat	Ann Agnew, Executive Secretary Janice Cotter, Director

	Kristina Pelekoudas, Briefing Coordinator
White House Liaison	Heidi Stirrup, Deputy Director David Mansdoerfer, Director of Boards & Commissions Catherine Bird, Advisor
Scheduling and Advance Office	Patty Conrad, Director of Scheduling Cecilia Martinez, Director of Advance Jessica Harrison, Deputy Director Katie Lagomarsino, Trip Coordinator
ASA	Jon Cordova, Principal Deputy Assistant Secretary
ASFR	Jen Moughalian, Principal Deputy Assistant Secretary Sarah Arbes, Principal Deputy Assistant Secretary Alec Aramanda, Deputy Assistant Secretary for Health Policy Ashley Palmer, Deputy Assistant Secretary for Health Care Reform
ASL	Courtney Lawrence, Deputy Assistant Secretary for Human Services Laura Kemper-Holland, Deputy Assistant Secretary for Public Health and Science Sara Morse, Deputy Assistant Secretary for Congressional Liaison Sean Hayes, Director for Oversight and Investigations
ASPA	Matt Lloyd, Principal Deputy Assistant Secretary Ryan Murphy, Deputy Assistant Secretary Alleigh Marre, Chief Spokesperson
ASPE	John O'Brien, Deputy Assistant Secretary for Health Policy
IEA	Laura Trueman, Deputy Director
OASH	Teresa Manning, Deputy Assistant Secretary for Population Affairs
OCR	Thomas March Bell, Chief of Staff
OGC	Heather Flick, Deputy General Counsel Matt Bowman, Deputy General Counsel Kelly Cleary, Deputy General Counsel
OGA	Thomas Alexander, Principal Deputy Assistant Secretary
OHR	Jane Lucas, Deputy Director
ONC	Genevieve Morris, Principal Deputy National Coordinator John Fleming, Deputy Assistant Secretary
ACF	Anna Pilato, Deputy Assistant Secretary
ACL	Beth Tignor, Policy Advisor for the Commissioner of the Administration on Disabilities Juantita Balenger, Advisor

CMS	Demetrios Kouzoukas, Principal Deputy Admin and Director, Center for Medicare Randy Pate, Deputy Administrator and Director of CCIIO
FDA	<u>Anna Abram</u> , Deputy Commissioner for Policy, Planning, Legislation, and Analysis Jack Kalavritinos, Associate Commissioner for External Affairs

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From: DeputySecretary (OS/IOS)
Sent: 26 Feb 2018 19:05:45 +0000
To: DeputySecretary (OS/IOS);EDH (OS/IOS);Caliguiri, Laura (HHS/IOS);Moreno, Rafael (HHS/ASA);Callahan, Kenneth (HHS/IOS);Stirrup, Heidi (HHS/IOS);Clark, Timothy (HHS/IOS);Ashendorf, Jacob (HHS/IOS);Brady, Will (HHS/IOS)
Subject: EDH Interview Review with WHL
Attachments: RESUME.DOCX, [(b)(6)] by Resume.pdf[(b)(6)]
Resume.pdf, [(b)(6)]pdf, Resume - 2017 - [(b)(6)].docx

The five interviews to review include:

1. [(b)(6)] originally considered for Indian Health Service; now [(b)(6)]
[(b)(6)]
2. [(b)(6)] candidate for ASPA
3. [(b)(6)] candidate for ASPA – assistant speechwriter
4. [(b)(6)] candidate for – candidate for ASPA – assistant speechwriter
5. [(b)(6)] candidate for Assistant in the Office of the Assistant Secretary for Health (OASH)

Resumes below:

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From: Stirrup, Heidi (HHS/IOS)
Sent: 16 Feb 2017 13:16:03 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: House Judiciary Subcmte on Constitution and Civil Justice re: Religious Liberty in America

Religious Liberty in America

House Judiciary — Subcommittee on Constitution and Civil Justice

Subcommittee Hearing

[Add to my calendar](#) *(You are already tracking this event)*

Constitution and Civil Justice Subcommittee (Chairman Steve King, R-Iowa) of House Judiciary Committee hearing on "The State of Religious Liberty in America."



Date Thursday, Feb. 16, 1 p.m.

Place 2141 Rayburn Bldg.

Kim Colby, director of the Christian Legal Society's Center for Law and Religious Freedom

Witnesses Hannah Smith, senior counsel at Becket

Rabbi David Saperstein

S Casey Mattox, senior counsel at the Alliance Defending Freedom's Center for Academic Freedom

From: Munson, Aaron (OS/IOS) on behalf of Clark, Timothy (HHS/IOS)
Sent: 7 Aug 2017 16:56:03 +0000
To: (b)(6) @gmail.com; Stirrup, Heidi (HHS/IOS)
Subject: Interview: (b)(6)
Attachments: (b)(6).pdf

Your meeting with Tim Clark and Heidi Stirrup is confirmed on **Wednesday, August 9, 2017 @ 11:00 a.m.** In preparation for this meeting, please find the following information:

Hubert H. Humphrey Building
U.S. Department of Health & Human Services (HHS)
Immediate Office of the Secretary
200 Independence Avenue, SW
Washington, D.C. 20201

- If arriving by public transit, please take the orange or blue line trains to the Federal Center SW metro station. When exiting the station, please walk two blocks (toward the National Mall) and the Hubert Humphrey Building will be at your immediate right. Please enter the building through the Independence Avenue entrance and present two forms of identification.
- If arriving by taxi, please enter the building through the Independence Avenue entrance and present one current form of valid ID (Passport, License, or State Issued ID)
- If arriving by personal vehicle; meter parking is available for your convenience on each side of the building.

Please plan to arrive within 15-minutes of the scheduled appointment.

Once you have signed in, **please have the front desk call 202-690-6625**. Please do not hesitate to contact our office should you have any questions.



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From: Stirrup, Heidi (HHS/IOS)
Sent: 30 Jan 2018 16:55:31 +0000
To: Stirrup, Heidi (HHS/IOS);Clark, Timothy
(HHS/IOS);(b)(6) @gmail.com
Subject: Interview with (b)(6) re: possible position with ASPA
Attachments: (b)(6) Resume 2017.pdf

Your interview with Tim Clark and Heidi Stirrup, Office of White House Liaison is confirmed for **Thursday, February 1, 2018 @ 11:00 a.m.** In preparation for this meeting, please find the following information:

Hubert H. Humphrey Building
U.S. Department of Health & Human Services (HHS)
White House Liaison Office – Room 625D
200 Independence Avenue, SW
Washington, D.C. 20201

- If arriving by public transit, please take the orange or blue line trains to the Federal Center SW metro station. When exiting the station, please walk two blocks (toward the National Mall) and the Hubert Humphrey Building will be at your immediate right. Please enter the building through the Independence Avenue entrance and present two forms of identification.
- If arriving by taxi, please enter the building through the Independence Avenue entrance and present one current form of valid ID (Passport, License, or State Issued ID)
- If arriving by personal vehicle; meter parking is available for your convenience on each side of the building.

Please plan to arrive within 15-minutes of the scheduled appointment.

Once you have signed in, **please have the front desk call 202-690-6625**. Please do not hesitate to contact our office should you have any questions.



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From: DeputySecretary (OS/IOS)
Sent: 1 Feb 2018 14:33:16 +0000
To: DeputySecretary (OS/IOS);Caliguiri, Laura (HHS/IOS);Brady, Will (HHS/IOS);Moreno, Rafael (HHS/ASA);EDH (OS/IOS);Stirrup, Heidi (HHS/IOS);Ashendorf, Jacob (HHS/IOS);Clark, Timothy (HHS/IOS)
Subject: (b)(6) Interview w/ Deputy Secretary Hargan
Attachments: Resume 2017.pdf

Topic: Deputy Secretary Hargan will interview (b)(6) for ASPA.

Location: Deputy Secretary's Office, 614-G

Time: 1:00 – 1:30 PM

Attendees: Deputy Secretary Hargan, Will Brady and (b)(6)

x

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From: Stirrup, Heidi (HHS/IOS)
Sent: 15 Mar 2017 12:43:25 +0000
To: Stirrup, Heidi (HHS/IOS);Clark, Timothy (HHS/IOS)
Subject: Lance/Tim meeting with Charmaine Yoest - candidate for A/S Public Affairs

Might there be time on the Secretary's schedule tomorrow – after 3:30 pm...until late in the evening – to meet with candidate Charmaine Yoest (pronounced Yost – rhymes with Post) for consideration as A/S for Public Affairs (the replacement for (b)(6) who had to take herself out of consideration) She is meeting with Lance and Tim at 3:30 pm.

Matt Lloyd has met Charmaine; Wade Horn and Heidi Stirrup have known and worked with Charmaine for years – her resume is attached.

She was highly recommended by (b)(6) with this note:
(b)(6)

(b)(6)

Heidi Stirrup
Office of White House Liaison
U.S. Department of Health and Human Services
202-868-9828

From: Stirrup, Heidi (HHS/IOS)
Sent: 10 Aug 2017 14:40:45 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: Lunch w/ AG Edwin Meese

Dear Heidi,

I wanted to personally reach out and invite you to a luncheon with your fellow White House Liaisons featuring former Reagan Attorney General Edwin Meese.

The lunch will provide an off-the-record opportunity to hear General Meese share his experience working to staff the Reagan Administration.

This private lunch is being held at The Heritage Foundation on Friday August 18th at 12:30 pm.

If you are able to join us, please RSVP to me at sean.mcmahon@heritage.org or (202) 608-6205.

Sean McMahon

Sean McMahon

Manager, Executive Branch Outreach and Candidate Briefing Program
The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
202-608-6205
heritage.org

From: Stirrup, Heidi (HHS/IOS)
Sent: 5 Jan 2018 21:55:04 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: March for Life

From: Stirrup, Heidi (HHS/IOS)
Sent: 21 Aug 2017 21:25:07 +0000
To: Autumn Christensen (AChristensen@sba-list.org)
Subject: Meet w/ Autumn

Your meeting was found to be out of date and has been automatically updated.

Sent by Microsoft Exchange Server

From: Stirrup, Heidi (HHS/IOS)
Sent: 21 Aug 2017 20:12:43 +0000
To: Autumn Christensen (AChristensen@sba-list.org)
Subject: Meet w/ Autumn

From: DeputySecretary (OS/IOS)
Sent: 15 Feb 2018 21:56:51 +0000
To: DeputySecretary (OS/IOS);EDH (OS/IOS);Clark, Timothy
(HHS/IOS);Stirrup, Heidi (HHS/IOS) [(b)(6)]@gmail.com;Moreno, Rafael
(HHS/ASA);Callahan, Kenneth (HHS/IOS);Caliguiri, Laura (HHS/IOS);Brady, Will (HHS/IOS)
Subject: Melika interviews with Deputy Secretary Eric Hargan for Director of
Communications for ASPA
Attachments: [(b)(6)] Resume.pdf

Your interview with the Deputy Secretary is now confirmed for **Wednesday, February 21, 2018 @ 9:00 a.m.** In preparation for this meeting, please find the following information:

Hubert H. Humphrey Building
U.S. Department of Health & Human Services (HHS)
Immediate Office of the Secretary – Room 614G
200 Independence Avenue, SW
Washington, D.C. 20201

- If arriving by public transit, please take the orange or blue line trains to the Federal Center SW metro station. When exiting the station, please walk two blocks (toward the National Mall) and the Hubert Humphrey Building will be at your immediate right. Please enter the building through the Independence Avenue entrance and present two forms of identification.
- If arriving by taxi, please enter the building through the Independence Avenue entrance and present one current form of valid ID (Passport, License, or State Issued ID)
- If arriving by personal vehicle; meter parking is available for your convenience on each side of the building.

Please plan to arrive within 15-minutes of the scheduled appointment.

When you arrive, **please ask front desk to call Rafael Moreno 202-690-1053**. Please do not hesitate to contact our office should you have any questions.



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From: Stirrup, Heidi (HHS/IOS)
Sent: 18 Jan 2018 19:28:51 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: President addresses the March for Life

From: Stirrup, Heidi (HHS/IOS)
Sent: 20 Jul 2017 20:09:57 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: TO BE RESCHEDULED: Meeting with [(b)(6)] re: political appointment
Attachments: [(b)(6)]Resume 2017.pdf

Dear Heidi,

Are you available Monday at 2 pm or Wednesday at 12 pm? I am more than happy to come to HHS or meet someplace else that is convenient for you.

I have attached a copy of my resume and very much look forward to talking.

Kind regards,

[(b)(6)]

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From: Autumn Christensen
Sent: 21 Aug 2017 21:24:34 +0000
To: Stirrup, Heidi (HHS/IOS)
Subject: Accepted: Meet w/ Autumn

From: Bullock, Kathleen M.
Sent: 6 Mar 2018 19:10:04 +0000
To: Bullock, Kathleen M.;Bullock, Katja EOP/WHO;Doocey (sean(b)(6);Edward Corrigan;Joe Howell;Kilagan;Luke Beckmann;Lynch, Laura;Redle, Alexander (b)(6);Spero, Casin (b)(6);Todd Abrajano;Wright, Nicole (b)(6);andrew.h.smith@usdoj.gov;andrew.hughes@hud.gov;andrew.galkowski (b)(6);poz zuto.robert.f@dol.gov;brian.fauls@opic.gov;cabelkacb@state.gov;carly.miller@osec.usda.gov;c arterm@arts.gov;Mansdoerfer, David (HHS/IOS);dleo@usaid.gov;doug.simon@dot.gov;garrison (b)(6);griffin (b)(6);jesse.law@exi m.gov;joe.uddo@hq.doe.gov;john.myers@treasury.gov;john.woodard@sba.gov;jonathan.w.di mock@nasa.gov;lori_mashburn@ios.doi.gov;mciepielowski@neh.gov;michael.downing@gsa.gov; michael.duffey@sd.mil;mike.korbey@ssa.gov;mmckinney@peacecorps.gov;munoz.charles@e pa.gov;pbarrett@ustda.gov;richard.kingan@sba.gov;speroaf@mcc.gov;taylor (b)(6);weyeneth@ (b)(6);thomas.leinenkugel@va.gov;Clark, Timothy (HHS/IOS);bndunlop@heritage.org;llagan, Kelly (b)(6);EOP/WHO;Stirrup, Heidi (HHS/IOS);brian.barnes@gsa.gov;Duke, Hannah (b)(6);EOP/WHO;Locetta, Jennifer (b)(6);EOP/WHO;Garza, Sarah (b)(6);Burley, Michael (b)(6);Bucci, Kristine (b)(6);EOP/WHO;Bacon, James (b)(6);Miller, Max (b)(6);EOP/WHO;Feinberg, Rebecca (b)(6);EOP/WHO;Bis, Justin (b)(6);EOP/WHO;Bock, Carrie (b)(6);EOP/WHO;Wiles, Caroline (b)(6);EOP/WHO
Subject: All WHLs/PPO mtg - Rescheduled

From: David Christensen
Sent: 14 Jul 2017 20:31:54 +0000
To: Stannard, Paula (HHS/IOS)
Cc: David Christensen
Subject: FRC coalition letter re Collins and NIH polices on embryonic research
Attachments: FRC Coalition Letter on NIH-Collins w Signatures.pdf

Hey Paula,

I wanted to make sure you saw the attached coalition letter to Sec. Price signed by 44 groups concerned with current NIH funding of human embryo research and human/animal chimera research.

Thanks!
David

*David Christensen
VP of Government Affairs
Family Research Council
202-393-2100 general
202-637-4672 direct
(b)(6) cell*

July 14, 2017

Secretary Thomas E. Price, M.D.
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price,

We applaud President Donald Trump's actions in defense of human life, especially his restoration and expansion of the Mexico City Policy, his signing of legislation to allow states to remove Title X funding from abortion providers, his promises to protect religious freedom and conscience rights, and his numerous appointments of strong leaders that are pro-life and pro-science, including yourself. We urge you to continue this Administration's defense of human dignity and promotion of sound science by reversing policies left over from former President Barack Obama's Administration at the National Institutes of Health (NIH) that endanger embryos and unborn children.

While we respect the Christian faith and scientific achievements of NIH Director Dr. Francis Collins, we are deeply concerned by his views on human life at the earliest stages. In particular, he has supported taxpayer funding for human embryo destructive research and aborted fetal tissue research. He has also supported human cloning, and proposed guidelines to fund human-animal chimera research.

In fact, since President Trump took office, Dr. Collins has approved 10 more embryonic stem cell lines, created by the destruction of young human embryos. This continues the Obama policy of providing taxpayer-funded incentives for the creation and destruction of human life. In FY17 alone, NIH funneled over \$300 million to unethical and ineffective research involving human embryonic stem cells and human fetal tissue. Despite Dr. Collins' personal views and past actions, it is critical that these Obama-era NIH policies be updated to be consistent with your and President Trump's strong commitments to respect human dignity and to intensify results-driven, patient-centered research.

We urge you to direct the NIH to take the following actions:

- Redirect scarce resources to prioritize research using cells obtained without destroying human life, and which show the greatest potential for near-term clinical benefit in human patients, such as adult stem cells, cord blood, induced pluripotent stem cells, and other cell technologies not involving the destruction or manufacture of human embryos;
- Prohibit NIH from conducting or financially supporting any research involving the destruction, discarding of, or risk of injury to, a human embryo, or the utilization of human embryonic stem cells;
- Prohibit NIH from conducting or financially supporting any basic research involving human fetal tissue that is obtained pursuant to an induced abortion;
- Create a registry of ethically obtained fetal tissue, derived from miscarriages, stillbirth and ectopic pregnancies, to support basic research; and

- Withdraw the proposed changes to NIH guidelines which would allow funding for research which attempts to create human-animal chimeras, including chimeras that may develop substantially human cell-derived brains or the ability to produce human sperm or egg cells, which can affect heredity.

Besides being unethical, research involving human embryonic stem cells or aborted fetal tissue simply yields poor results for clinical medical treatments. Moreover, human embryonic stem cells and human fetal tissue are not absolutely required for current research. Instead, NIH should redirect its limited taxpayer funds to prioritize research using other cells, such as adult and induced pluripotent stem cells, which are not only ethically obtained, but also have shown far more promise in clinical settings.

Human embryos and fetuses, as living members of the human species, are not raw materials to be exploited or commodities to be bought and sold. NIH funding of research involving aborted fetal tissue incentivizes the abortion industry's practice of harvesting and selling the organs of unborn children, as exposed by the Center for Medical Progress' undercover videos and the investigative work of the House Select Panel on Infant Lives and the Senate Judiciary Committee.

NIH must also close the door to human-animal chimera research that mixes human and animal brains and can affect human or animal heredity, both of which threaten to redefine what it means to be human.

We look forward to working with you and Dr. Collins to restore respect for human life and dignity at NIH, and to prioritize promising ethical research with the greatest potential for near-term clinical benefit in human patients.

Sincerely,

Tony Perkins
President
Family Research Council

David Stevens, MD, MA (Ethics)
CEO
Christian Medical Association

Carol Tobias
President
National Right to Life

Paul Weber
President & CEO
Family Policy Alliance

Marjorie Dannenfelser
President
Susan B. Anthony List

Penny Young Nance
CEO and President
Concerned Women for America

Tom McClusky
President
March for Life Action

Catherine Glenn Foster
President & CEO
Americans United for Life

Austin Ruse
President
C-fam

Terry Schilling
Executive Director
American Principles Project

Roland C. Warren
President and CEO
Care Net

Jonathan Imbody
Director
Freedom2Care

C. Preston Noell III
President
Tradition, Family, Property, Inc

Jerry Cox
President
Arkansas Family Council

Jim Minnery
President
Alaska Family Action

Eric Teetsel
President & Executive Director
Family Policy Alliance of Kansas

Jonathan Keller
President
California Family Council

Mark Jorritsma
President & Executive Director
Family Policy Alliance of North Dakota

Michael Geer
President
Pennsylvania Family Institute

Kent Ostrander
Executive Director
The Family Foundation (KY)

Jason J. McGuire
Executive Director
New Yorkers for Constitutional Freedoms

Cole Muzio
President and Executive Director
Family Policy Alliance of Georgia

Julaine K. Appling
President
Wisconsin Family Action

Joe Ortwerth
Executive Director
Missouri Family Policy Council

Nicole Theis
President
Delaware Family Policy Council

Curt Smith
President
Indiana Family Institute

Bob Vander Plaats
President and CEO
The Family Leader

Karen Bowling
Executive Director
Nebraska Family Alliance

Carroll Conley
Executive Director
Christian Civic League Maine

Len Deo
Founder & President
New Jersey Family Policy Council

Allen Whitt
President
Family Policy Council & Family Policy
Institute (WV)

Shannon McGinley
Executive Director
Cornerstone Action (NH)

Gene Mills
President
Louisiana Family Forum

Eva Andrade
President
Hawaii Family Forum

Cathi Herrod
President
Center for Arizona Policy

Ed Randazzo
Director of Political Operations
Family Heritage Alliance Action

Julie Lynde
Executive Director
Cornerstone Family Council (Idaho)

Jeff Laszloffy
President
Montana Family Foundation

Joseph Backholm
President
Family Policy Institute of Washington

David E. Smith
Executive Director
Illinois Family Institute

John Helmberger
CEO
Minnesota Family Council

Aaron Baer
President
Citizens for Community Values

Andrew Beckwith
President
Massachusetts Family Institute

Thomas J. Shaheen
Vice President for Policy
Pennsylvania Family Council

From: Autumn Christensen
Sent: 5 Dec 2017 22:41:57 +0000
To: Stannard, Paula (HHS/IOS)
Cc: Autumn Christensen
Subject: RE: letter regarding Obamacare abortion transparency
Attachments: Letter to OIG - Abortion Coverage Transparency in Health Insurance.pdf, Letter to Acting Secretary HHS - Abortion Coverage Transparency in Health Insurance.pdf

There was a typo in the letter emailed earlier today. In one place it incorrectly referred to the CMS bulletin as being issued on the 16th not the 6th. The attached letters updated with the correct date.

Apologies,
Autumn

From: Autumn Christensen
Sent: Tuesday, December 05, 2017 4:58 PM
To: 'paula.stannard@hhs.gov' <paula.stannard@hhs.gov>
Cc: Autumn Christensen <achristensen@sba-list.org>
Subject: letter regarding Obamacare abortion transparency

Hi Paula,

Attached is a letter to the Acting Secretary and an accompanying letter to the OIG. Could you make sure he sees it? We have sent it via FedEx, but want him to have it as soon as possible, since we also intend to release it to the press.

We are extremely grateful for your attention to this issue. As you will see we have identified eight insurance issuers who are out of compliance with abortion transparency requirements. These carriers offer over 150 plans in five states. We are asking the OIG to investigate the eight issuers and HHS to take action to bring these issuers into compliance.

Thank you very much,
Autumn

Autumn Christensen
Policy Director
Susan B. Anthony List

December 5, 2017

The Honorable Daniel R. Levinson
Inspector General, Office of Inspector General
U.S. Department of Health and Human Services
PO Box 23489
Washington, D.C. 20026

Via Fax: 1-800-223-8164

**RE: Non-Compliance of Insurance Carriers offering QHPs on Exchanges in 2018
Concerning Abortion Coverage Disclosure**

Dear Inspector General Levinson:

In this fourth year of open enrollment for the Patient Protection and Affordable Care Act (ACA) health insurance exchanges, Americans in several states continue to face great difficulties in determining whether certain exchange plans cover abortion. Violating the legal requirements established more than two years ago, insurance carriers are failing to include this information in their Summary of Benefits and Coverage (SBC) documents. As mandated in the Department of Health and Human Services (HHS) June 2015 final rule¹, which implements and provides additional guidance on Section 1303(b)(3)(A) of the ACA², carriers that offer Qualified Health Plans on the exchanges are required to state directly on the plans' SBCs whether and to what extent abortion is covered as a health benefit. This required disclosure was also recently underscored in an October 6, 2017 Centers for Medicare and Medicaid Services (CMS) Bulletin addressing Section 1303 regulations.³ For the current enrollment period, we have identified clear violations of this abortion coverage notice regulation. In particular, as of this writing, we have

¹ “These final regulations require that QHP issuers must disclose on the SBC for QHPs sold through an individual market Exchange whether abortion services are covered or excluded, and whether coverage is limited to excepted abortion services. [...] [T]his requirement is applicable for individual market QHP issuers for SBCs issued in connection with coverage that begins on or after January 1, 2016.” Though this final rule allowed for carriers to meet the abortion notice requirement in various ways *until* the updated SBC template and instructional documents were finalized, those documents have since been published and are applicable for the current enrollment year. See “QHP and Abortion Services” at p. 34297, available at <https://www.gpo.gov/fdsys/pkg/FR-2015-06-16/pdf/2015-14559.pdf>. See also the current, applicable “Summary of Benefits and Coverage Instruction Guide for Individual Health Insurance Coverage” (April 2017) at p. 14-15, available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Individual-Instructions-508-MM.pdf> “FOR QUALIFIED HEALTH PLANS: Plans that cover excepted and non-excepted abortion services must list ‘abortion’ in the covered services box. Plans that exclude all abortions should list ‘abortion’ in the excluded services box. Plans that cover only excepted abortions should list in the excluded services box ‘abortion (except in cases of rape, incest, or when the life of the mother is endangered)’ and may also include a cross-reference to another plan document that more fully describes the exceptions.”

² 45 C.F.R. § 156.280(f)(1).

³ See <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Section-1303-Bulletin-10-6-2017-FINAL-508.pdf>

found *eight carriers, offering Individual and Family Qualified Health Plans in five states, that do not disclose any abortion coverage information in their SBCs* provided on the exchanges.⁴

These carriers are:

- (1) Bright Health in Colorado's state-based marketplace – 6 plans;
- (2) Elevate by Denver Health Medical in Colorado's state-based marketplace – 6 plans;
- (3) Health Alliance Medical Plans, Inc. in Illinois' state-federal partnership – 61 plans;
- (4) Boston Medical Center HealthNet Plan in Massachusetts' state-based marketplace – 5 plans;
- (5) Fidelis Care in New York's state-based marketplace – 9 plans;
- (6) Independent Health in New York's state-based marketplace – 21 plans;
- (7) MVP Health Plan in New York's state-based marketplace – 39 plans; and
- (8) Sendero Health Plans, Inc. in Texas' federally-facilitated marketplace – 4 plans

Based on these plans that we accessed from the exchanges, **the lack of transparency on abortion coverage in these carriers' SBCs affects a total of at least 151 Individual and Family exchange plans in five states.** Please see the appendix attached at the conclusion containing relevant screenshots of these carriers' SBCs.

Since the first open enrollment in October 2013 until today, the Charlotte Lozier Institute and Family Research Council have researched ACA exchange plans to discern which ones cover or exclude non-exceptioned abortions, and have made those findings accessible online to the general public.⁵ Throughout the course of conducting this annual research project, we have encountered numerous and varied difficulties in obtaining definitive abortion coverage information for ACA plans – difficulties that have included plan documents not containing any abortion coverage notice and carriers' customer service representatives not being aware of or offering conflicting information on their plans' abortion coverage status.⁶ Furthermore, as you are aware, in

⁴ Charlotte Lozier Institute and Family Research Council looked at Individual and Family health exchange plans offered in the 25 states and the District of Columbia that legally permit elective abortion coverage in exchange plans as of November 30, 2017. These jurisdictions are: Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, **Texas***, Vermont, Washington, West Virginia, and Wyoming. *Texas passed a law prohibiting abortion in exchange plans, with an effective date of December 1, 2017.

⁵ Abortion coverage plan information has been updated annually since November 2014 at www.obamacareabortion.com, a project conducted in conjunction with Family Research Council.

⁶ The following sample of articles below describes these difficulties on abortion coverage transparency in ACA exchange plans. <https://lozierinstitute.org/elective-abortion-coverage-information-still-elusive/> (last visited December 4, 2017); <http://www.nationalreview.com/article/384618/total-confusion-elective-abortion-coverage-genevieve-c-plaster> (last visited December 4, 2017); <http://www.nationalreview.com/corner/360260> (last visited December 4, 2017); <https://townhall.com/columnists/chuckdonovan/2015/02/02/abortion-and-the-obamacare-exchanges-still-not-what-the-doctor-ordered-n1951762> (last visited December 4, 2017); <https://lozierinstitute.org/obamacare-year-3-abortion-coverage-still-hidden/> (last visited December 4, 2017); See also "Abortion Coverage Under the Affordable Care Act: The Laws Tell Only Half the Story," Guttmacher Policy Review, Winter 2014, Vol. 17, available at <http://www.guttmacher.org/pubs/gpr17/1/gpr170115.html#table> (last visited December 4, 2017). ("[T]he information consumers can find may not tell the whole story about what issuers are, or are not, covering. Rather, because the vast majority of plan documents searched are silent with regard to abortion coverage, or occasionally provide confusing or contradictory information, it is often difficult to know

September 2014, the Government Accountability Office (GAO) published a report from its investigation on the scope and transparency of abortion coverage in federally subsidized ACA exchange plans.⁷ Among its findings is that 11 of the 18 plan issuers GAO interviewed as a sample did not disclose abortion coverage information to consumers before they enrolled. Furthermore, four of the 11 issuers indicated they were not providing notification of abortion coverage to enrollees even *at the time of enrollment*.

There has, however, been some long-overdue progress with abortion coverage transparency in exchange plans, even in comparison to one year ago. For perspective, during last year's open enrollment season, we discovered that 23 carriers offering Individual and Family plans in 13 exchanges did not provide abortion coverage information in their SBCs – compared to this year's 8 carriers offering plans in 5 exchanges.

As already mentioned, the October 6, 2017 CMS bulletin further stresses the need for carrier compliance with the abortion coverage disclosure regulation, among other things.⁸ Specifically, it reads, "Here, CMS reminds QHP issuers of their obligation to comply with section 1303. Issuers must be able to demonstrate compliance with the following: [...] Issuers must provide an annual notice in the Summary of Benefits and Coverage that describes whether non-Hyde abortion services are covered by the QHP. [...] Failure to comply with these requirements could result in civil monetary penalties beginning in the 2018 plan year."

In closing, we found that eight health insurance carriers offering QHPs in five exchanges do not provide any disclosure on the abortion coverage in their SBCs, as required by the June 2015 HHS final rule, implementing and providing guidance on Section 1303 (b)(3)(A) of the ACA. Based on this, and in the interest of Americans seeking to purchase a health plan on these exchanges by the federal December 15th close of the enrollment season, we urge the Office of the Inspector General to immediately conduct a review of these carriers and, where applicable, to work with HHS to swiftly take steps to ensure carriers provide a clear abortion coverage notice on all SBCs by a certain date, or else risk a monetary penalty, as CMS has cautioned. We have written to HHS, requesting that all current enrollees in these affected QHPs be informed of any changes to their plan documents on abortion coverage, and have requested that individuals seeking exchange plans in Colorado, Illinois, Massachusetts, New York, and Texas be provided with an extended period of enrollment to allow for a review of any updated plan documents.

The current lack of abortion coverage information in the SBCs from these eight carriers mentioned above is more than just an issue of legality; it is an issue of transparency. We hope that with the increased emphasis on compliance with the abortion coverage disclosure regulation in Section 1303, and with your Office's review, these carriers will be spurred to publish timely

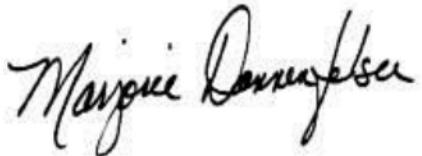
whether and to what extent abortion might be excluded. Notably, in eight of the states investigated, Guttmacher did not find a single issuer providing any information on abortion coverage in their plans' SBCs.").

⁷ See "Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans" (Sept. 2014) available at <https://www.gao.gov/products/GAO-14-742R>.

⁸ <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Section-1303-Bulletin-10-6-2017-FINAL-508.pdf>

corrections for the benefit of the millions of Americans living in states where their 151 plans are offered. Though Americans surely have differing views on abortion, ensuring transparency of covered benefits for any given health plan prior to purchasing is a worthy, common-sense, common-ground objective that allows individuals and families to make free and fully informed choices for care.

Sincerely,



Marjorie J. Dannenfelser
President
Susan B. Anthony List



Charles A. "Chuck" Donovan
President
Charlotte Lozier Institute

Attachment

Appendix

1. Bright Health 2018 plans in Colorado. Screenshots of randomly selected sample plan SBC, Bronze HSA, with no abortion coverage disclosure as of 11/20/17. (No direct SBC link is available to copy from the exchange, but this plan's SBC document title is "SBC_Benefits_31070CO0010007011512407792452.pdf" on <http://planfinder.connectforhealthco.com/.>)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	0% coinsurance 0% coinsurance	Not Covered Not Covered	Services require pre-authorization. Services require pre-authorization.
If you are pregnant	Office visits Childbirth/delivery professional services Childbirth/delivery facility services	0% coinsurance 0% coinsurance 0% coinsurance	Not Covered Not Covered Not Covered	None Delivery stays exceeding 48 hours for vaginal deliver or 96 hours for a cesarean delivery require pre-authorization.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none">• Acupuncture• Cosmetic Surgery• Dental Care (Adults)	<ul style="list-style-type: none">• Long Term Care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine eye care (Adults)• Routine foot care• Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none">• Bariatric Surgery• Chiropractic Care	<ul style="list-style-type: none">• Hearing Aids• Infertility Treatment	<ul style="list-style-type: none">• Private-duty nursing
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2. Elevate by Denver Health Medical in Colorado. Screenshots of randomly selected sample plan SBC, Bronze HDHP, with no abortion coverage disclosure as of 11/20/17 (No direct SBC link is available to copy from the exchange, but this plan's SBC document title is "SBC_Benefits_66699CO0030008011512408078843.pdf" on <http://planfinder.connectforhealthco.com/.>)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% coinsurance	100% coinsurance	Pre-authorization required.
If you are pregnant	Prenatal and postnatal care Delivery and all inpatient services	50% coinsurance 50% coinsurance	100% coinsurance 100% coinsurance	-----none----- Pre-authorization required.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine foot care• Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Hearing aids• Infertility treatment	<ul style="list-style-type: none">• Private-duty nursing (when medically necessary)• Routine eye care
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3. Health Alliance Medical Plans, Inc. in Illinois. Screenshots of randomly selected sample plan SBC, HMO 2000 Elite Gold, with no abortion coverage disclosure as of 11/20/17: https://www.healthalliance.org/docs/2018_IL_IND_PUB_SBC_HMO_2000_ELITE_GOLD.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	Not Covered	Preatuthorization may be required for certain procedures. Contact customer Service for detailed information.
	Physician/surgeon fees	10% coinsurance	Not Covered	--none--

If you are pregnant	Office visits	10% coinsurance for routine prenatal care	Not Covered	--none--
	Childbirth/delivery professional services	\$200 co-pay / stay	Not Covered	--none--
	Childbirth/delivery facility services	\$200 co-pay / stay	Not Covered	--none--

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Acupuncture	• Dental Care (Adult)	• Non-Emergency Care When Traveling Outside the U.S.
• Cosmetic Surgery(limited)	• Long-Term Care	• Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Bariatric Surgery	• Infertility Services	• Routine eye Care(Adult)
• Chiropractic Care	• Private-Duty Nursing	• Routine foot care
• Hearing Aids(Pediatric)		

4. A) **Boston Medical Center HealthNet Plan** (5 plans in Massachusetts). Initial re-direct page (as of 11/2/2017):

The screenshot shows a web browser window with the following details:

- Address Bar:** Secure | <https://www.bmchp.org/content/404-redirect>
- Header:** BOSTON MEDICAL CENTER  Find a Provider | Living Healthy | Careers | Contact Us | Select Language | Member Login | Provider Login | Search
- Navigation:** Need Insurance | Members | Employers | Providers | Our Plans | Pharmacy | About Us
- Page Content:**
 - The page you requested is no longer here**
 - ...but we think we can help. You may find one of the following links useful:
 - Need Insurance?**
 - [Find the Right Plan for You](#)
 - [Learn How to Apply](#)
 - [Contact Us](#)
 - Already a Member?**
 - [Find a Doctor or Hospital](#)
 - [View Your Plan Information](#)
 - [Manage Your Prescriptions](#)
 - Providers**
 - [Search the Provider Manual](#)
- Page Bottom:** [Privacy | Your Rights | Protecting PHI](#) | [Terms of Use | Fraud & Abuse Policy](#) | [Google Translate Disclaimer](#) | [Nondiscrimination \(MassHealth\)](#) | [Nondiscrimination \(QHP\)](#)

B) Screenshot of Boston Medical Center HealthNet 2018, randomly selected sample plan SBC, ConnectorCare Plan Type 1, with no abortion coverage disclosure as of 11/20/2017:

<https://www.bmchp.org/-/media/2e5e808922e64f34aba00e6f9e426639.ashx>

If you are pregnant	Office visits	No charge for pre-natal or postnatal visits	Not Covered	Office visits for medical conditions may be subject to cost-sharing.
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services		Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	- Includes diagnostic colonoscopies and endoscopies. - Preauthorization may be required.
	Physician/surgeon fees			

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none">• Acupuncture• Cosmetic Surgery• Early Intervention services for children age 3 and older.• Hearing Aids for members over age 21• Long-term care	<ul style="list-style-type: none">• Non-Emergency care when traveling outside the U.S• Private-duty nursing• Routine foot care except for members with Diabetes• Dental Care (Adult)	<ul style="list-style-type: none">• Services beyond any benefit or monetary limit listed in this Summary of Benefits and Coverage• Vision Hardware except as described in the Evidence of Coverage.• Weight loss programs, except as described in the Evidence of Coverage.
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none">• Bariatric Surgery• Chiropractic Care	<ul style="list-style-type: none">• Dental Services for Cleft Lip/Palate Repair• Hearing Aids for Children	<ul style="list-style-type: none">• Infertility treatment
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5. Fidelis Care plans in New York. Screenshots of randomly selected sample plan SBC, Fidelis Care Silver, with no abortion coverage disclosure as of 11/21/2017:

<https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Health/2018%20Products/SBCSilver2018.pdf>

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay after deductible	Not covered	Prior authorization is required.
	Physician/surgeon fees	\$100 copay after	Not covered	Prior authorization required. One copay

* For more information about limitations and exceptions, see the plan or policy document at www.fideliscare.org.

2 of 7

If you are pregnant	Office visits	\$30 copay per visit after deductible	Not covered	None.
	Childbirth/delivery professional services	\$100 copay per visit after deductible	Not covered	Prior authorization is required.
	Childbirth/delivery facility services	\$1,500 copay per admission after deductible	Not covered	Prior authorization is required.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Cosmetic surgery	• Private duty nursing	• Long-term care
• Routine foot care	• Routine dental care (adult)	• Routine eye care (adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Chiropractic care
• Fitness center reimbursement

* For more information about limitations and exceptions, see the plan or policy document at www.fideliscare.org.

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

6. Independent Health plans in New York. Screenshots of randomly selected sample plan SBC, Standard Silver ST OON Dep29, with no abortion coverage disclosure as of 11/21/2017:

https://www.independenthealth.com/Portals/0/PDFs/Exchange/2018/Standard_Silver_18029NY1260002-01.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	40% coinsurance	Authorization may be required
	Physician/surgeon fees	\$100 copay/visit	40% coinsurance	Authorization may be required

If you are pregnant	Prenatal and postnatal care	No charge	40% coinsurance	No charge after the initial diagnosis
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Questions: Call 1-800-501-3439 or visit us at www.independenthealth.com.

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If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.independenthealth.com or call 1-800-501-3439 to request a copy.

18029NY1260002-01

 **Independent Health Standard Silver**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage beginning on or after: 01/01/17

Coverage for: All Tier Levels Plan Type: POS

Delivery and all inpatient services	Delivery: \$1,500 copay/admission Physician: \$100 copay/delivery	40% coinsurance	Semi-private room, per admission
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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)				
• Acupuncture	• Long-term care	• Non-emergency care when traveling outside the U.S.	• Private duty nursing	• Routine eye care (Adult)
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)				
• Bariatric surgery	• Hearing aids	• Infertility treatment	• Chiropractic care	• Routine foot care

7. MVP plans in New York. Screenshots of randomly selected sample plan SBC, “NY MVP Premier Plus HDHP Silver 3, 94” with no abortion coverage disclosure as of 11/21/2017:
[http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS1-003-N-94%20\(2018\)-422015.pdf](http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS1-003-N-94%20(2018)-422015.pdf)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 copay/day	Not covered	Deductible applies
	Physician/surgeon fees	\$40 copay/procedure	Not covered	Deductible applies
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply to certain preventive services. Depending on the type of services, a copay, coinsurance, and/or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	\$40 copay/delivery	Not covered	
	Childbirth/delivery facility services	\$100 copay/stay	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Children's Dental Check-up
- Cosmetic Surgery
- Dental Care (Adult)
- Long-Term Care
- Non-Emergency care when traveling outside the U.S
- Private-Duty Nursing
- Routine Eye Care (Adult)
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids
- Infertility Treatment
- Weight Loss Programs

6 of 8

8. Sendero 2018 Plans in Texas. Screenshots of randomly selected sample plan SBC, Total Standard (Gold), with no abortion coverage disclosure as of 11/21/17:

http://senderohealth.com/files/2018/71837TX001000201_Totals_Std.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 <u>copay</u> /per surgery	Not covered	Certain services may require <u>preauthorization</u> . If <u>preauthorization</u> is not obtained you may be responsible for
* For more information about limitations and exceptions, see the plan or policy document at www.senderohealth.com .				

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If you are pregnant	Office visits	\$10 <u>copay</u> /office visit <u>Deductible</u> does not apply.	Not covered	<u>Copay</u> per initial visit and delivery. No charge for subsequent prenatal visits with the same <u>provider</u> or <u>provider</u> group per pregnancy. Depending on the type of services, <u>coinsurance</u> or <u>copay</u> may apply. Maternity care does not include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u> /per delivery	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery 	<ul style="list-style-type: none"> • Dental care (Adult) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none"> • Chiropractic care is combined with rehabilitation (PT, OT, ST, and Chiropractic Services) • Hearing aids are limited to 1 per ear every 3 years. 	<ul style="list-style-type: none"> • Infertility treatment is limited to diagnostic services only. Treatment to correct the infertility condition and services such as in vitro fertilization and artificial insemination are excluded from coverage. • Routine eye care (Adult) is limited to 1 eye exam per calendar year. 	<ul style="list-style-type: none"> • Routine foot care is limited to foot care in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency.
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Example of a Company That Updated SBCs Previously Silent on Abortion Coverage:

1. **A.** ConnectiCare Benefits plans in Connecticut (7 of 8 plan SBCs did not have abortion coverage information, initially, as of 11/3/2017). Screenshots of randomly selected Passage Silver Alternative PCP POS:

CBI_POST6962CT0010022_01SBC

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$500 copayment/visit after INET plan deductible is met	50% coinsurance after OON plan deductible is met	Preadmission is required. If you don't get preadmission, you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.
	Physician/surgeon fees	0% coinsurance after INET plan deductible is met	50% coinsurance after OON plan deductible is met	None

If you are pregnant	Office visits	No charge for prenatal and postnatal care	50% coinsurance after OON plan deductible is met	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% coinsurance after INET plan deductible is met	50% coinsurance after OON plan deductible is met	
	Childbirth/delivery facility services	\$500 copayment/day up to a maximum of \$2,000 per admission after INET plan deductible is met	50% coinsurance after OON plan deductible is met	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental Care - Adult 	<ul style="list-style-type: none"> • Long Term Care • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care • Routine hearing tests • Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none"> • Chiropractic Care • Hearing aids (may be covered with limitations) 	<ul style="list-style-type: none"> • Infertility treatment 	<ul style="list-style-type: none"> • Routine eye care
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2. **B. Updated** – Same 2018 ConnectiCare Benefits plan in Connecticut, Passage Silver Alternative PCP POS, as of 11/21/17 (Updated SBCs do have abortion information):
<https://www.connecticcare.com/globalfiles/sbc/2018/en-us/PassageSilverAltPOSSBC.pdf>

CBI_POS76962CT0010022_01SBC

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
• Bariatric surgery	• Long Term Care	• Non-emergency care when traveling outside the U.S.	• Routine foot care
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
• Acupuncture coverage is limited to pain management	• Hearing aids (may be covered with limitations)	• Infertility treatment	• Routine eye care
• Chiropractic Care			• Termination of pregnancy/abortion

December 5, 2017

The Honorable Eric D. Hargan
Acting Secretary and Deputy Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

**RE: Non-Compliance of Insurance Carriers offering QHPs on Exchanges in 2018
Concerning Abortion Coverage Disclosure**

Dear Acting Secretary Hargan:

In this fourth year of open enrollment for the Patient Protection and Affordable Care Act (ACA) health insurance exchanges, Americans in several states continue to face great difficulties in determining whether certain exchange plans cover abortion. Violating the legal requirements established more than two years ago, insurance carriers are failing to include this information in their Summary of Benefits and Coverage (SBC) documents. As mandated in the Department of Health and Human Services (HHS) June 2015 final rule¹, which implements and provides additional guidance on Section 1303(b)(3)(A) of the ACA², carriers that offer Qualified Health Plans on the exchanges are required to state directly on the plans' SBCs whether and to what extent abortion is covered as a health benefit. This required disclosure was also recently underscored in an October 6, 2017 Centers for Medicare and Medicaid Services (CMS) Bulletin addressing Section 1303 regulations.³ For the current enrollment period, we have identified clear violations of this abortion coverage notice regulation. In particular, as of this writing, we have

¹ “These final regulations require that QHP issuers must disclose on the SBC for QHPs sold through an individual market Exchange whether abortion services are covered or excluded, and whether coverage is limited to excepted abortion services. [...] [T]his requirement is applicable for individual market QHP issuers for SBCs issued in connection with coverage that begins on or after January 1, 2016.” Though this final rule allowed for carriers to meet the abortion notice requirement in various ways *until* the updated SBC template and instructional documents were finalized, those documents have since been published and are applicable for the current enrollment year. See “QHP and Abortion Services” at p. 34297, available at <https://www.gpo.gov/fdsys/pkg/FR-2015-06-16/pdf/2015-14559.pdf>. See also the current, applicable “Summary of Benefits and Coverage Instruction Guide for Individual Health Insurance Coverage” (April 2017) at p. 14-15, available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Individual-Instructions-508-MM.pdf> “FOR QUALIFIED HEALTH PLANS: Plans that cover excepted and non-excepted abortion services must list ‘abortion’ in the covered services box. Plans that exclude all abortions should list ‘abortion’ in the excluded services box. Plans that cover only excepted abortions should list in the excluded services box ‘abortion (except in cases of rape, incest, or when the life of the mother is endangered)’ and may also include a cross-reference to another plan document that more fully describes the exceptions.”

² 45 C.F.R. § 156.280(f)(1).

³ See <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Section-1303-Bulletin-10-6-2017-FINAL-508.pdf>

found *eight carriers, offering Individual and Family Qualified Health Plans in five states, that do not disclose any abortion coverage information in their SBCs* provided on the exchanges.⁴

These carriers are:

- (1) Bright Health in Colorado's state-based marketplace – 6 plans;
- (2) Elevate by Denver Health Medical in Colorado's state-based marketplace – 6 plans;
- (3) Health Alliance Medical Plans, Inc. in Illinois' state-federal partnership – 61 plans;
- (4) Boston Medical Center HealthNet Plan in Massachusetts' state-based marketplace – 5 plans;
- (5) Fidelis Care in New York's state-based marketplace – 9 plans;
- (6) Independent Health in New York's state-based marketplace – 21 plans;
- (7) MVP Health Plan in New York's state-based marketplace – 39 plans; and
- (8) Sendero Health Plans, Inc. in Texas' federally-facilitated marketplace – 4 plans

Based on these plans that we accessed from the exchanges, **the lack of transparency on abortion coverage in these carriers' SBCs affects a total of at least 151 Individual and Family exchange plans in five states.** Please see the appendix attached at the conclusion containing relevant screenshots of these carriers' SBCs.

Since the first open enrollment in October 2013 until today, the Charlotte Lozier Institute and Family Research Council have researched ACA exchange plans to discern which ones cover or exclude non-exceptioned abortions, and have made those findings accessible online to the general public.⁵ Throughout the course of conducting this annual research project, we have encountered numerous and varied difficulties in obtaining definitive abortion coverage information for ACA plans – difficulties that have included plan documents not containing any abortion coverage notice and carriers' customer service representatives not being aware of or offering conflicting information on their plans' abortion coverage status.⁶ Furthermore, as you are aware, in

⁴ Charlotte Lozier Institute and Family Research Council looked at Individual and Family health exchange plans offered in the 25 states and the District of Columbia that legally permit elective abortion coverage in exchange plans as of November 30, 2017. These jurisdictions are: Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, **Texas***, Vermont, Washington, West Virginia, and Wyoming. *Texas passed a law prohibiting abortion in exchange plans, with an effective date of December 1, 2017.

⁵ Abortion coverage plan information has been updated annually since November 2014 at www.obamacareabortion.com, a project conducted in conjunction with Family Research Council.

⁶ The following sample of articles below describes these difficulties on abortion coverage transparency in ACA exchange plans. <https://lozierinstitute.org/elective-abortion-coverage-information-still-elusive/> (last visited December 4, 2017); <http://www.nationalreview.com/article/384618/total-confusion-elective-abortion-coverage-genevieve-c-plaster> (last visited December 4, 2017); <http://www.nationalreview.com/corner/360260> (last visited December 4, 2017); <https://townhall.com/columnists/chuckdonovan/2015/02/02/abortion-and-the-obamacare-exchanges-still-not-what-the-doctor-ordered-n1951762> (last visited December 4, 2017); <https://lozierinstitute.org/obamacare-year-3-abortion-coverage-still-hidden/> (last visited December 4, 2017); See also "Abortion Coverage Under the Affordable Care Act: The Laws Tell Only Half the Story," Guttmacher Policy Review, Winter 2014, Vol. 17, available at <http://www.guttmacher.org/pubs/gpr17/1/gpr170115.html#table> (last visited December 4, 2017). ("[T]he information consumers can find may not tell the whole story about what issuers are, or are not, covering. Rather, because the vast majority of plan documents searched are silent with regard to abortion coverage, or occasionally provide confusing or contradictory information, it is often difficult to know

September 2014, the Government Accountability Office (GAO) published a report from its investigation on the scope and transparency of abortion coverage in federally subsidized ACA exchange plans.⁷ Among its findings is that 11 of the 18 plan issuers GAO interviewed as a sample did not disclose abortion coverage information to consumers before they enrolled. Furthermore, four of the 11 issuers indicated they were not providing notification of abortion coverage to enrollees even *at the time of enrollment*.

There has, however, been some long-overdue progress with abortion coverage transparency in exchange plans, even in comparison to one year ago. For perspective, during last year's open enrollment season, we discovered that 23 carriers offering Individual and Family plans in 13 exchanges did not provide abortion coverage information in their SBCs – compared to this year's 8 carriers offering plans in 5 exchanges.

As already mentioned, the October 16, 2017 CMS bulletin further stresses the need for carrier compliance with the abortion coverage disclosure regulation, among other things.⁸ Specifically, it reads, "Here, CMS reminds QHP issuers of their obligation to comply with section 1303. Issuers must be able to demonstrate compliance with the following: [...] Issuers must provide an annual notice in the Summary of Benefits and Coverage that describes whether non-Hyde abortion services are covered by the QHP. [...] Failure to comply with these requirements could result in civil monetary penalties beginning in the 2018 plan year."

In closing, we found that eight health insurance carriers offering QHPs in five exchanges do not provide any disclosure on the abortion coverage in their SBCs, as required by the June 2015 HHS final rule, implementing and providing guidance on Section 1303 (b)(3)(A) of the ACA. Based on this, and in the interest of Americans seeking to purchase a health plan on these exchanges by the federal December 15th close of the enrollment season, we have written to the Office of the Inspector General, urging the Office to conduct an immediate review of these carriers to confirm non-compliance. We also urge the Department of Health and Human Services to swiftly take steps to ensure carriers provide a clear abortion coverage notice on all SBCs by a certain date, or else risk a monetary penalty, as CMS has cautioned. Secondly, we request that all current enrollees in these QHPs be informed of changes to their plan documents on abortion coverage. Lastly, with the federal deadline to purchase a health plan looming in the next two weeks, we also request that individuals seeking exchange plans in Colorado, Illinois, Massachusetts, New York, and Texas be provided with an extended period of enrollment to allow for a review of any updated plan documents.

The current lack of abortion coverage information in the SBCs from these eight carriers mentioned above is more than just an issue of legality; it is an issue of transparency. We hope

whether and to what extent abortion might be excluded. Notably, in eight of the states investigated, Guttmacher did not find a single issuer providing any information on abortion coverage in their plans' SBCs.”).

⁷ See “Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans” (Sept. 2014) available at <https://www.gao.gov/products/GAO-14-742R>.

⁸ <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Section-1303-Bulletin-10-6-2017-FINAL-508.pdf>

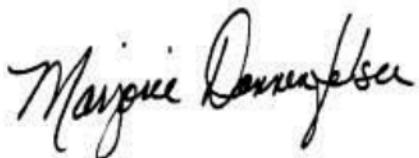
Acting Secretary Hargan

December 5, 2017

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that with the increased emphasis on compliance with the abortion coverage disclosure regulation in Section 1303, and with your Office's review, these carriers will be spurred to publish timely corrections for the benefit of the millions of Americans living in states where their 151 plans are offered. Though Americans surely have differing views on abortion, ensuring transparency of covered benefits for any given health plan prior to purchasing is a worthy, common-sense, common-ground objective that allows individuals and families to make free and fully informed choices for care.

Sincerely,



Marjorie J. Dannenfelser
President
Susan B. Anthony List



Charles A. "Chuck" Donovan
President
Charlotte Lozier Institute

Attachment

cc: Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services

Mr. Randy Pate
Deputy Administrator and Director
CMS Center for Consumer Information and Insurance Oversight

Appendix

1. Bright Health 2018 plans in Colorado. Screenshots of randomly selected sample plan SBC, Bronze HSA, with no abortion coverage disclosure as of 11/20/17. (No direct SBC link is available to copy from the exchange, but this plan's SBC document title is "SBC_Benefits_31070CO0010007011512407792452.pdf" on <http://planfinder.connectforhealthco.com/.>)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	0% coinsurance 0% coinsurance	Not Covered Not Covered	Services require pre-authorization. Services require pre-authorization.
If you are pregnant	Office visits Childbirth/delivery professional services Childbirth/delivery facility services	0% coinsurance 0% coinsurance 0% coinsurance	Not Covered Not Covered Not Covered	None Delivery stays exceeding 48 hours for vaginal deliver or 96 hours for a cesarean delivery require pre-authorization.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none">• Acupuncture• Cosmetic Surgery• Dental Care (Adults)	<ul style="list-style-type: none">• Long Term Care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine eye care (Adults)• Routine foot care• Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none">• Bariatric Surgery• Chiropractic Care	<ul style="list-style-type: none">• Hearing Aids• Infertility Treatment	<ul style="list-style-type: none">• Private-duty nursing
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2. Elevate by Denver Health Medical in Colorado. Screenshots of randomly selected sample plan SBC, Bronze HDHP, with no abortion coverage disclosure as of 11/20/17 (No direct SBC link is available to copy from the exchange, but this plan's SBC document title is "SBC_Benefits_66699CO0030008011512408078843.pdf" on <http://planfinder.connectforhealthco.com/.>)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% coinsurance	100% coinsurance	Pre-authorization required.
If you are pregnant	Prenatal and postnatal care Delivery and all inpatient services	50% coinsurance 50% coinsurance	100% coinsurance 100% coinsurance	-----none----- Pre-authorization required.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine foot care• Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Hearing aids• Infertility treatment	<ul style="list-style-type: none">• Private-duty nursing (when medically necessary)• Routine eye care
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3. Health Alliance Medical Plans, Inc. in Illinois. Screenshots of randomly selected sample plan SBC, HMO 2000 Elite Gold, with no abortion coverage disclosure as of 11/20/17: https://www.healthalliance.org/docs/2018_IL_IND_PUB_SBC_HMO_2000_ELITE_GOLD.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	Not Covered	Preatuthorization may be required for certain procedures. Contact customer Service for detailed information.
	Physician/surgeon fees	10% coinsurance	Not Covered	--none--

If you are pregnant	Office visits	10% coinsurance for routine prenatal care	Not Covered	--none--
	Childbirth/delivery professional services	\$200 co-pay / stay	Not Covered	--none--
	Childbirth/delivery facility services	\$200 co-pay / stay	Not Covered	--none--

Excluded Services & Other Covered Services:

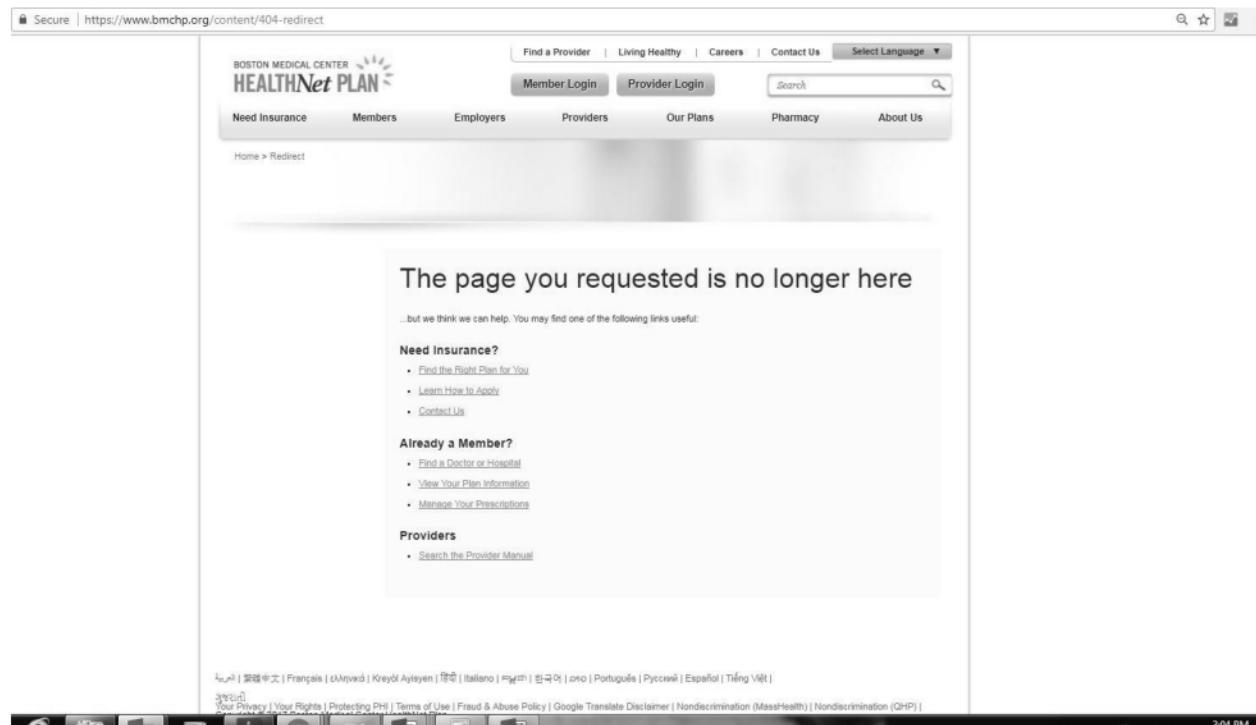
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic Surgery(limited)
- Dental Care (Adult)
- Long-Term Care
- Non-Emergency Care When Traveling Outside the U.S.
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Chiropractic Care
- Hearing Aids(Pediatric)
- Infertility Services
- Private-Duty Nursing
- Routine eye Care(Adult)
- Routine foot care

4. A) **Boston Medical Center HealthNet Plan** (5 plans in Massachusetts). Initial re-direct page (as of 11/2/2017):



The page you requested is no longer here

...but we think we can help. You may find one of the following links useful:

Need Insurance?

- [Find the Right Plan for You](#)
- [Learn How to Apply](#)
- [Contact Us](#)

Already a Member?

- [Find a Doctor or Hospital](#)
- [View Your Plan Information](#)
- [Manage Your Prescriptions](#)

Providers

- [Search the Provider Manual](#)

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B) Screenshot of Boston Medical Center HealthNet 2018, randomly selected sample plan SBC, ConnectorCare Plan Type 1, with no abortion coverage disclosure as of 11/20/2017:

<https://www.bmchp.org/-/media/2e5e808922e64f34aba00e6f9e426639.ashx>

If you are pregnant	Office visits	No charge for pre-natal or postnatal visits	Not Covered	Office visits for medical conditions may be subject to cost-sharing.
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services		Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	<ul style="list-style-type: none"> - Includes diagnostic colonoscopies and endoscopies. - Preauthorization may be required.
	Physician/surgeon fees			

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none"> Acupuncture Cosmetic Surgery Early Intervention services for children age 3 and older. Hearing Aids for members over age 21 Long-term care 	<ul style="list-style-type: none"> Non-Emergency care when traveling outside the U.S. Private-duty nursing Routine foot care except for members with Diabetes Dental Care (Adult) 	<ul style="list-style-type: none"> Services beyond any benefit or monetary limit listed in this Summary of Benefits and Coverage Vision Hardware except as described in the Evidence of Coverage. Weight loss programs, except as described in the Evidence of Coverage.
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none"> Bariatric Surgery Chiropractic Care 	<ul style="list-style-type: none"> Dental Services for Cleft Lip/Palate Repair Hearing Aids for Children 	<ul style="list-style-type: none"> Infertility treatment
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5. Fidelis Care plans in New York. Screenshots of randomly selected sample plan SBC, Fidelis Care Silver, with no abortion coverage disclosure as of 11/21/2017:

<https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Health/2018%20Products/SBCSilver2018.pdf>

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay after deductible	Not covered	Prior authorization is required.
	Physician/surgeon fees	\$100 copay after	Not covered	Prior authorization required. One copay

* For more information about limitations and exceptions, see the plan or policy document at www.fideliscare.org.

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If you are pregnant	Office visits	\$30 copay per visit after deductible	Not covered	None.
	Childbirth/delivery professional services	\$100 copay per visit after deductible	Not covered	Prior authorization is required.
	Childbirth/delivery facility services	\$1,500 copay per admission after deductible	Not covered	Prior authorization is required.

Acting Secretary Hargan

December 5, 2017

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Cosmetic surgery	• Private duty nursing	• Long-term care
• Routine foot care	• Routine dental care (adult)	• Routine eye care (adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Chiropractic care
• Fitness center reimbursement

* For more information about limitations and exceptions, see the plan or policy document at www.fideliscare.org.

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

6. Independent Health plans in New York. Screenshots of randomly selected sample plan SBC, Standard Silver ST OON Dep29, with no abortion coverage disclosure as of 11/21/2017:

https://www.independenthealth.com/Portals/0/PDFs/Exchange/2018/Standard_Silver_18029NY1260002-01.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	40% coinsurance	Authorization may be required
	Physician/surgeon fees	\$100 copay/visit	40% coinsurance	Authorization may be required

If you are pregnant	Prenatal and postnatal care	No charge	40% coinsurance	No charge after the initial diagnosis
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Questions: Call 1-800-501-3439 or visit us at www.independenthealth.com.

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If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.independenthealth.com or call 1-800-501-3439 to request a copy.

18029NY1260002-01

 **Independent Health Standard Silver**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage beginning on or after: 01/01/17

Coverage for: All Tier Levels Plan Type: POS

Delivery and all inpatient services	Delivery: \$1,500 copay/admission Physician: \$100 copay/delivery	40% coinsurance	Semi-private room, per admission
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Acting Secretary Hargan

December 5, 2017

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Cosmetic Surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Chiropractic care
- Hearing aids
- Infertility treatment

7. MVP plans in New York. Screenshots of randomly selected sample plan SBC, “NY MVP

Premier Plus HDHP Silver 3, 94” with no abortion coverage disclosure as of 11/21/2017:

[http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS1-003-N-94%20\(2018\)-422015.pdf](http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS1-003-N-94%20(2018)-422015.pdf)

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 copay/day	Not covered	Deductible applies
	Physician/surgeon fees	\$40 copay/procedure	Not covered	Deductible applies
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply to certain preventive services. Depending on the type of services, a copay, coinsurance, and/or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	\$40 copay/delivery	Not covered	
	Childbirth/delivery facility services	\$100 copay/stay	Not covered	

Acting Secretary Hargan

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Children's Dental Check-up
- Cosmetic Surgery
- Dental Care (Adult)
- Long-Term Care
- Non-Emergency care when traveling outside the U.S
- Private-Duty Nursing
- Routine Eye Care (Adult)
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids
- Infertility Treatment
- Weight Loss Programs

6 of 8

8. Sendero 2018 Plans in Texas. Screenshots of randomly selected sample plan SBC, Total Standard (Gold), with no abortion coverage disclosure as of 11/21/17:

http://senderohealth.com/files/2018/71837TX001000201_Total_Std.pdf

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 <u>copay</u> /per surgery	Not covered	Certain services may require <u>preauthorization</u> . If <u>preauthorization</u> is not obtained you may be responsible for
* For more information about limitations and exceptions, see the plan or policy document at www.senderohealth.com .				

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If you are pregnant	Office visits	\$10 <u>copay</u> /office visit <u>Deductible</u> does not apply.	Not covered	<u>Copay</u> per initial visit and delivery. No charge for subsequent prenatal visits with the same <u>provider</u> or <u>provider</u> group per pregnancy. Depending on the type of services, <u>coinsurance</u> or <u>copay</u> may apply. Maternity care does not include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u> /per delivery	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Acupuncture	• Dental care (Adult)	• Non-emergency care when traveling outside the U.S.
• Bariatric surgery	• Long-term care	• Private-duty nursing
• Cosmetic surgery		• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Chiropractic care is combined with rehabilitation (PT, OT, ST, and Chiropractic Services)	• Infertility treatment is limited to diagnostic services only. Treatment to correct the infertility condition and services such as in vitro fertilization and artificial insemination are excluded from coverage.	• Routine foot care is limited to foot care in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency.
• Hearing aids are limited to 1 per ear every 3 years.	• Routine eye care (Adult) is limited to 1 eye exam per calendar year.	

Example of a Company That Updated SBCs Previously Silent on Abortion Coverage:

1. **A.** ConnectiCare Benefits plans in Connecticut (7 of 8 plan SBCs did not have abortion coverage information, as of 11/3/2017). Screenshots of randomly selected Passage Silver Alternative PCP POS:

CBI_POST6962CT0010022_01SBC

If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$500 copayment/visit after INET plan deductible is met	50% coinsurance after OON plan deductible is met	Preauthorization is required. If you don't get preauthorization, you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.
	Physician/surgeon fees	0% coinsurance after INET plan deductible is met	50% coinsurance after OON plan deductible is met	None

If you are pregnant	Office visits	No charge for prenatal and postnatal care	50% coinsurance after OON plan deductible is met	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% coinsurance after INET plan deductible is met	50% coinsurance after OON plan deductible is met	
	Childbirth/delivery facility services	\$500 copayment/day up to a maximum of \$2,000 per admission after INET plan deductible is met	50% coinsurance after OON plan deductible is met	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Acupuncture	• Long Term Care	• Routine foot care
• Bariatric surgery	• Non-emergency care when traveling outside the U.S.	• Routine hearing tests
• Cosmetic surgery	• Private-duty nursing	• Weight loss programs
• Dental Care - Adult		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Chiropractic Care	• Infertility treatment	• Routine eye care
• Hearing aids (may be covered with limitations)		

- B. Updated** – Same 2018 ConnectiCare Benefits plan in Connecticut, Passage Silver Alternative PCP POS, as of 11/21/17 (Updated SBCs do have abortion information):

Acting Secretary Hargan

December 5, 2017

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<https://www.connecticcare.com/globalfiles/sbc/2018/en-us/PassageSilverAltPOSSBC.pdf>

CBI_POS76962CT0010022_01SBC

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
• Bariatric surgery	• Long Term Care	• Routine foot care	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
• Acupuncture coverage is limited to pain management	• Hearing aids (may be covered with limitations)	• Routine eye care	
• Chiropractic Care	• Infertility treatment	• Termination of pregnancy/abortion	

From: Stannard, Paula (HHS/IOS)
Sent: 20 Sep 2017 19:54:13 +0000
To: Autumn Christensen
Subject: RE: CMS/PPFA letter to the President

Autumn –

Thanks for the head's up.

Paula

From: Autumn Christensen [mailto:achristensen@sba-list.org]
Sent: Wednesday, September 20, 2017 10:09 AM
To: Stannard, Paula (HHS/IOS)
Subject: CMS/PPFA letter to the President

Hi Paula,

We dropped this in the mail late yesterday. It is a letter from 132 state legislators in 27 different states urging the President to direct HHS and CMS to rescind the current guidance that requires states to reimburse abortion providers through Medicaid, and instead issue guidance giving states flexibility to stop funding abortionists in their state Medicaid program.

The letter will get distributed more broadly later this week, but I wanted you to have a heads up before then.

Autumn Christensen
Policy Director
Susan B. Anthony List